

AREA	DIVISION	NUMBER
Commercial Division	Central Division	401
EVALUATED BY		DATE
Hector Madrigal		03/30/2009

**INSTRUCTIONS:** Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Correction Report BY	COMMANDER'S REVIEW Nick Norton, Captain DATE 4/3/09
1. GOALS AND ACCOMPLISHMENTS		EVALUATED Yes	ACTION REQUIRED Yes CORRECTED

a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13? ☒ Yes ☐ No

(1) Are goals developed in accordance with departmental policy? ☒ Yes ☐ No

(2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals? ☒ Yes ☐ No

(3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals? ☒ Yes ☐ No

(4) Are goals appropriately categorized? ☒ Yes ☐ No

(5) Are goals realistic? ☒ Yes ☐ No

(6) Are goals consistent with departmental objectives? ☒ Yes ☐ No

(7) Is input from all levels considered before goals are established? ☒ Yes ☐ No

b. Are goals being accomplished? ☐ Yes ☒ No

(1) Accurate reporting on CHP 113, Accident and Injury Report? ☒ Yes ☐ No

(2) Are accidents increasing? ☒ Yes ☐ No

(3) Are injuries increasing? ☐ Yes ☒ No

(4) Why are they increasing/decreasing? Preventable accidents are increasing due to the failure of employees to use due caution and care when operating state vehicles; in particular, while backing. A defensive driving rodeo has been scheduled for the summer 2009 as well as supervisor ride alongs on an ongoing basis.

(5) Is CHP 113, Accident and Injury Report, posted or readily accessible? ☒ Yes ☐ No

(6) Are employees knowledgeable about goals and achievements? ☒ Yes ☐ No

(7) Are employees providing suggestions toward goal attainment? ☒ Yes ☐ No

**2. PARTICIPATION**

EVALUATED Yes	ACTION REQUIRED No	CORRECTED
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a. Commander actively involved in program? ☒ Yes ☐ No

(1) Commander active in injury/illness case management? ☒ Yes ☐ No

(2) What is the commander's attitude regarding occupational safety? Captain Norton considers occupational safety to be of the highest priority. He routinely attends and participates in the Division Occupational Safety Committee meetings, and conducts meetings with his managers and supervisors.

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**OCCUPATIONAL SAFETY**  
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(3) Occupational safety issues discussed at staff meetings and training days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are safety issues in the meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Commander comments regarding safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the commander ensure use of appropriate safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are managers/supervisors actively involved in the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are managers/supervisors involved in case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do they have the appropriate attitude?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are managers monitoring supervisors' progress and efforts to attain goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are supervisors monitoring employees' efforts?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do managers comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do supervisors comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do managers/supervisors ensure the use of proper safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are employees actively involved in the Occupational Safety Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees involved in their case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are employees knowledgeable about safety goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are they aware of the command's achievements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are employees practicing safety while performing their duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are employees reporting unsafe conditions and/or work practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do employees work cooperatively to minimize hazards?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do employees offer suggestions to improve occupational safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is employee equipment properly used and maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3. ACCIDENT AND INJURY TRENDS	EVALUATED	ACTION REQUIRED	CORRECTED
	Yes	No	
a. Commander's method of identifying trends? Trends are identified by the frequency and type of incident, as well as comparison to previous quarters/years. All injury and accident reports are reviewed by the supervisors and managers and corrective action is taken as necessary.			
(1) Are accidents and injuries being monitored to identify trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Are personnel in the command aware of current and potential trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. What corrective action has the command taken when a trend has been identified? Discussions with injured employees and/or those involved in collisions; discussions of injuries and/or collisions during training days; ensuring training day agendas include occupational safety related topics, including officer safety tactics and videos, driving rodeos, and other safety related issues.			

**AREA MANAGEMENT EVALUATION****OCCUPATIONAL SAFETY**

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(1) Are commanders, managers, and supervisors actively implementing corrective actions?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)</b>	EVALUATED	ACTION REQUIRED	CORRECTED	
	Yes	No		
a. What is the composition of the COSC? Central Division's COSC is comprised of one representative from each of the following units: ASU, ISU, Air Operations, Clerical, Automotive, Commercial/SAFE, Motor Carrier, and Janitorial. In addition, Central Division's Executive Lieutenant serves as Chairperson of the COSC.				
(1) Is there representation from each collective bargaining unit?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Management and supervisory representation?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Command Safety Coordinator assigned?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Command Safety Coordinator active and effective?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are committee assignments rotated?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC meetings held quarterly?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are meetings held more frequently when goals are not being attained?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Do all committee members attend the meetings?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are roles and responsibilities defined in accordance with IIPP?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do committee members understand their roles and responsibilities?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is an agenda prepared prior to the meeting?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are departmental and Division Occupational Safety meetings minutes readily available?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are these minutes utilized for Area meetings?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are assignments given during Area meetings?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Minutes prepared for the COSC meeting?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Recording secretary appointed?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Minutes posted on command's Occupational Safety Board?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are minutes included in IIPP file?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Minutes maintained current year, plus three?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Minutes forwarded through channels?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Is the COSC effective?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are COSC recommendations clear, concise and pertinent to the command?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) COSC proactive to eliminate potential causes of accidents and injuries?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) COSC disseminate current information and training regarding health and safety issues?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all personnel receive current information regarding health and safety?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are outside agency safety programs utilized as a resource?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Does the command maintain an effective health and safety communications system?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>5. DOCUMENTATION</b>	<b>EVALUATED</b> Yes	<b>ACTION REQUIRED</b> Yes
a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. OSHA 300, Log of Occupational Injury and Illnesses, utilized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are required injuries and illnesses logged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year log posted during February?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are CHP 113s, Accident and Injury Report, compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) CHP 113s and attachments processed in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the command utilize the CHP 113A, Safety Inspection Checklist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are semiannual safety inspections conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are safety hazards identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is corrective action taken within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Measures taken to correct situation within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are the CHP 121 series thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisory comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No



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(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Safety recognition emblem summary current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Copies maintained with IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>6. INJURY AND ILLNESS PREVENTION PROGRAM</b>	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(8) Is required documentation maintained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>7. COMMUNICATION WITH DOSH</b>	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Employees aware of procedures regarding DOSH inspections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Command's documents readily available for review by DOSH Compliance Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>8. HAZARDOUS SUBSTANCE PROGRAM</b>	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are hazardous substances identified and properly labeled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Warning signs posted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Material Safety Data Sheets readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Employees receive training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

**AREA MANAGEMENT EVALUATION****OCCUPATIONAL SAFETY**

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(5) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) Employees informed of their right to applicable medical and exposure information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>9. HAZARDOUS EXPOSURE CONTROL PROGRAMS</b>	<b>EVALUATED</b> Yes	<b>ACTION REQUIRED</b> No	<b>CORRECTED</b>
a. Activities identified within command that may require exposure to hazardous conditions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Appropriate engineering and/or administrative controls implemented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Protective equipment provided in accordance with bargaining unit agreements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Employees trained on use and maintenance of equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	



14111108  
Bakersfield

DIVISION  
Central

NUMBER  
420

EVALUATED BY  
D. Knoff

DATE  
10/08/2008

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION

☒ Formal Evaluation ☐ Informal Evaluation

SUSPENSE DATE

FOLLOW-UP REQUIRED

☐ Yes ☒ No

☐ Correction Report

BY

COMMANDER'S REVIEW

DATE

*[Signature]*

12-11-08

**1. GOALS AND ACCOMPLISHMENTS**

EVALUATED  
Yes

ACTION REQUIRED  
No

CORRECTED

- a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13?

N/A

☐ Yes ☐ No

- (1) Are goals developed in accordance with departmental policy?

☒ Yes ☐ No

- (2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals?

☒ Yes ☐ No

- (3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals?

☒ Yes ☐ No

- (4) Are goals appropriately categorized?

☒ Yes ☐ No

- (5) Are goals realistic?

☒ Yes ☐ No

- (6) Are goals consistent with departmental objectives?

☒ Yes ☐ No

- (7) Is input from all levels considered before goals are established?

☒ Yes ☐ No

- b. Are goals being accomplished?

☒ Yes ☐ No

- (1) Accurate reporting on CHP 113, Accident and Injury Report?

☒ Yes ☐ No

- (2) Are accidents increasing?

☐ Yes ☒ No

- (3) Are injuries increasing?

☐ Yes ☒ No

- (4) Why are they increasing/decreasing? There is an increased emphasis on defensive driving coupled with increased supervisory ride-a-longs.

- (5) Is CHP 113, Accident and Injury Report, posted or readily accessible?

☒ Yes ☐ No

- (6) Are employees knowledgeable about goals and achievements?

☒ Yes ☐ No

- (7) Are employees providing suggestions toward goal attainment?

☒ Yes ☐ No

**2. PARTICIPATION**

EVALUATED  
Yes

ACTION REQUIRED  
No

CORRECTED

- a. Commander actively involved in program?

☒ Yes ☐ No

- (1) Commander active in injury/illness case management?

☒ Yes ☐ No

- (2) What is the commander's attitude regarding occupational safety? Safety is a priority and should be foremost in all employees minds.

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(3) Occupational safety issues discussed at staff meetings and training days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are safety issues in the meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Commander comments regarding safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the commander ensure use of appropriate safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are managers/supervisors actively involved in the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are managers/supervisors involved in case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do they have the appropriate attitude?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are managers monitoring supervisors' progress and efforts to attain goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are supervisors monitoring employees' efforts?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do managers comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do supervisors comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do managers/supervisors ensure the use of proper safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are employees actively involved in the Occupational Safety Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees involved in their case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are employees knowledgeable about safety goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are they aware of the command's achievements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are employees practicing safety while performing their duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are employees reporting unsafe conditions and/or work practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do employees work cooperatively to minimize hazards?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do employees offer suggestions to improve occupational safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is employee equipment properly used and maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3. ACCIDENT AND INJURY TRENDS	EVALUATED	ACTION REQUIRED	CORRECTED
	Yes	No	

a. Commander's method of identifying trends? A spreadsheet has been developed which assists management in analyzing trends. This spreadsheet allows analysis at a glance and is very effective in quickly identifying any trends that may be developing. This spreadsheet also allows for quick and accurate preparation of the CHP 113.

(1) Are accidents and injuries being monitored to identify trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are personnel in the command aware of current and potential trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

b. What corrective action has the command taken when a trend has been identified? Officers involved in preventable collisions attend a session at the local Sheriff's Office in their driving simulator.

# AREA MANAGEMENT EVALUATION OCCUPATIONAL SAFETY

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(1) Are commanders, managers, and supervisors actively implementing corrective actions?

☒ Yes ☐ No**4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)**

EVALUATED

Yes

ACTION REQUIRED

No

CORRECTED

a. What is the composition of the COSC? Area Commander, Administrative Lieutenant, PSDS, ASM, Road Officer, Motor Officer, Office Supervisor, Command Safety Coordinator and Resident Post Sergeant.

(1) Is there representation from each collective bargaining unit?

☒ Yes ☐ No

(2) Management and supervisory representation?

☒ Yes ☐ No

(3) Command Safety Coordinator assigned?

☒ Yes ☐ No

(4) Command Safety Coordinator active and effective?

☒ Yes ☐ No

(5) Are committee assignments rotated?

☒ Yes ☐ No

(6) COSC meetings held quarterly?

☒ Yes ☐ No

(7) Are meetings held more frequently when goals are not being attained?

☒ Yes ☐ No

(8) Do all committee members attend the meetings?

*SUBJECT TO AVAILABILITY*☐ Yes ☒ No

b. Are roles and responsibilities defined in accordance with IIPP?

☒ Yes ☐ No

(1) Do committee members understand their roles and responsibilities?

☒ Yes ☐ No

(2) Is an agenda prepared prior to the meeting?

☒ Yes ☐ No

(3) Are departmental and Division Occupational Safety meetings minutes readily available?

☒ Yes ☐ No

(4) Are these minutes utilized for Area meetings?

☒ Yes ☐ No

(5) Are assignments given during Area meetings?

☒ Yes ☐ No

c. Minutes prepared for the COSC meeting?

☒ Yes ☐ No

(1) Recording secretary appointed?

☒ Yes ☐ No

(2) Minutes posted on command's Occupational Safety Board?

☒ Yes ☐ No

(3) Are minutes included in IIPP file?

☒ Yes ☐ No

(4) Minutes maintained current year, plus three?

☒ Yes ☐ No

(5) Minutes forwarded through channels?

☒ Yes ☐ No

d. Is the COSC effective?

☒ Yes ☐ No

(1) Are COSC recommendations clear, concise and pertinent to the command?

☒ Yes ☐ No

(2) COSC proactive to eliminate potential causes of accidents and injuries?

☒ Yes ☐ No

(3) COSC disseminate current information and training regarding health and safety issues?

☒ Yes ☐ No

e. Do all personnel receive current information regarding health and safety?

☒ Yes ☐ No

f. Are outside agency safety programs utilized as a resource?

☒ Yes ☐ No

g. Does the command maintain an effective health and safety communications system?

☒ Yes ☐ No

# **AREA MANAGEMENT EVALUATION** **OCCUPATIONAL SAFETY**

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(1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>5. DOCUMENTATION</b>	<b>EVALUATED</b> Yes	<b>ACTION REQUIRED</b> No
a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder? <i>N/A</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. OSHA 300, Log of Occupational Injury and Illnesses, utilized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are required injuries and illnesses logged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year log posted during February?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are CHP 113s, Accident and Injury Report, compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) CHP 113s and attachments processed in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the command utilize the CHP 113A, Safety Inspection Checklist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are semiannual safety inspections conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are safety hazards identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is corrective action taken within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Measures taken to correct situation within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are the CHP 121 series thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisory comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Safety recognition emblem summary current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Copies maintained with IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>6. INJURY AND ILLNESS PREVENTION PROGRAM</b>	<b>EVALUATED</b> Yes	<b>ACTION REQUIRED</b> No	<b>CORRECTED</b>
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(8) Is required documentation maintained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>7. COMMUNICATION WITH DOSH</b>	<b>EVALUATED</b> Yes	<b>ACTION REQUIRED</b> No	<b>CORRECTED</b>
a. Employees aware of procedures regarding DOSH inspections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Command's documents readily available for review by DOSH Compliance Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>8. HAZARDOUS SUBSTANCE PROGRAM</b>	<b>EVALUATED</b> Yes	<b>ACTION REQUIRED</b> No	<b>CORRECTED</b>
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are hazardous substances identified and properly labeled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Warning signs posted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Material Safety Data Sheets readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Employees receive training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

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(5) Training documented?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Employees informed of their right to applicable medical and exposure information?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>9. HAZARDOUS EXPOSURE CONTROL PROGRAMS</b>	<b>EVALUATED</b>	<b>ACTION REQUIRED</b>	<b>CORRECTED</b>	
	Yes	No		
a. Activities identified within command that may require exposure to hazardous conditions?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Appropriate engineering and/or administrative controls implemented?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Protective equipment provided in accordance with bargaining unit agreements?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Employees trained on use and maintenance of equipment?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Training documented?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No



**AREA MANAGEMENT EVALUATION  
OCCUPATIONAL SAFETY**

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8/28/08  
**FILE COPY 3c**

AREA Bakersfield	DIVISION Central	NUMBER 420
EVALUATED BY Sgt. L. Logan		DATE 08/26/2008

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		COMMANDER'S REVIEW DATE 8-27-08
BY		

**1. GOALS AND ACCOMPLISHMENTS**

EVALUATED X	ACTION REQUIRED	CORRECTED
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- a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13? ☒ Yes    ☐ No
- (1) Are goals developed in accordance with departmental policy? ☒ Yes    ☐ No
- (2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals? ☒ Yes    ☐ No
- (3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals? ☒ Yes    ☐ No
- (4) Are goals appropriately categorized? ☒ Yes    ☐ No
- (5) Are goals realistic? ☒ Yes    ☐ No
- (6) Are goals consistent with departmental objectives? ☒ Yes    ☐ No
- (7) Is input from all levels considered before goals are established? ☒ Yes    ☐ No
- b. Are goals being accomplished? ☒ Yes    ☐ No
- (1) Accurate reporting on CHP 113, Accident and Injury Report? ☒ Yes    ☐ No
- (2) Are accidents increasing? ☐ Yes    ☒ No
- (3) Are injuries increasing? ☐ Yes    ☒ No
- (4) Why are they increasing/decreasing? Increased emphasis on defensive driving through briefings, SROVT scenarios, occupational safety posters and consistent supervisory ride-alongs.

- (5) Is CHP 113, Accident and Injury Report, posted or readily accessible? ☒ Yes    ☐ No
- (6) Are employees knowledgeable about goals and achievements? ☒ Yes    ☐ No
- (7) Are employees providing suggestions toward goal attainment? ☒ Yes    ☐ No

**2. PARTICIPATION**

EVALUATED X	ACTION REQUIRED	CORRECTED
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- a. Commander actively involved in program? ☒ Yes    ☐ No
- (1) Commander active in injury/illness case management? ☒ Yes    ☐ No
- (2) What is the commander's attitude regarding occupational safety? The commander believes safety should be foremost in everyone's mind, uniformed and non-uniformed alike.

**AREA MANAGEMENT EVALUATION****OCCUPATIONAL SAFETY**

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(3) Occupational safety issues discussed at staff meetings and training days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are safety issues in the meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Commander comments regarding safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the commander ensure use of appropriate safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are managers/supervisors actively involved in the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are managers/supervisors involved in case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do they have the appropriate attitude?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are managers monitoring supervisors' progress and efforts to attain goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are supervisors monitoring employees' efforts?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do managers comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do supervisors comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do managers/supervisors ensure the use of proper safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are employees actively involved in the Occupational Safety Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees involved in their case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are employees knowledgeable about safety goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are they aware of the command's achievements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are employees practicing safety while performing their duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are employees reporting unsafe conditions and/or work practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do employees work cooperatively to minimize hazards?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do employees offer suggestions to improve occupational safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is employee equipment properly used and maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**3. ACCIDENT AND INJURY TRENDS**

EVALUATED

X

ACTION REQUIRED

CORRECTED

- a. Commander's method of identifying trends? There is an excel spreadsheet in the Sergeant's Occ Safety folder. Management runs annual analysis. The commander also reviews all CHP 121's, CHP 208's, STD 270's and all other injury and accident related reports.

(1) Are accidents and injuries being monitored to identify trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are personnel in the command aware of current and potential trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. What corrective action has the command taken when a trend has been identified? Command has continued to emphasize ride-alongs, and their frequency is increased when problem areas are identified. Officers involved in preventable collisions have attended defensive driver training at the local Sheriff's Office (w/ a driving simulator).		

## AREA MANAGEMENT EVALUATION

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(1) Are commanders, managers, and supervisors actively implementing corrective actions?

☒ Yes ☐ No**4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)**

EVALUATED

X

ACTION REQUIRED

CORRECTED

a. What is the composition of the COSC? Area Commander, Administrative Lieutenant, PSDS, ASM, Road Officer, Motor Officer, Office Supervisor, Command Safety Coordinator, Resident Post Sgt.

(1) Is there representation from each collective bargaining unit?

☒ Yes ☐ No

(2) Management and supervisory representation?

☒ Yes ☐ No

(3) Command Safety Coordinator assigned?

☒ Yes ☐ No

(4) Command Safety Coordinator active and effective?

☒ Yes ☐ No

(5) Are committee assignments rotated?

☒ Yes ☐ No

(6) COSC meetings held quarterly?

☒ Yes ☐ No

(7) Are meetings held more frequently when goals are not being attained?

☒ Yes ☐ No

(8) Do all committee members attend the meetings?

☐ Yes ☒ No

b. Are roles and responsibilities defined in accordance with IIPP?

☒ Yes ☐ No

(1) Do committee members understand their roles and responsibilities?

☒ Yes ☐ No

(2) Is an agenda prepared prior to the meeting?

☒ Yes ☐ No

(3) Are departmental and Division Occupational Safety meetings minutes readily available?

☒ Yes ☐ No

(4) Are these minutes utilized for Area meetings?

☒ Yes ☐ No

(5) Are assignments given during Area meetings?

☒ Yes ☐ No

c. Minutes prepared for the COSC meeting?

☒ Yes ☐ No

(1) Recording secretary appointed?

☒ Yes ☐ No

(2) Minutes posted on command's Occupational Safety Board?

☒ Yes ☐ No

(3) Are minutes included in IIPP file?

☒ Yes ☐ No

(4) Minutes maintained current year, plus three?

☒ Yes ☐ No

(5) Minutes forwarded through channels?

☒ Yes ☐ No

d. Is the COSC effective?

☒ Yes ☐ No

(1) Are COSC recommendations clear, concise and pertinent to the command?

☒ Yes ☐ No

(2) COSC proactive to eliminate potential causes of accidents and injuries?

☒ Yes ☐ No

(3) COSC disseminate current information and training regarding health and safety issues?

☒ Yes ☐ No

e. Do all personnel receive current information regarding health and safety?

☒ Yes ☐ No

f. Are outside agency safety programs utilized as a resource?

☒ Yes ☐ No

g. Does the command maintain an effective health and safety communications system?

☒ Yes ☐ No

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(1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>5. DOCUMENTATION</b>	EVALUATED X	ACTION REQUIRED CORRECTED
a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. OSHA 300, Log of Occupational Injury and Illnesses, utilized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are required injuries and illnesses logged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year log posted during February?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are CHP 113s, Accident and Injury Report, compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) CHP 113s and attachments processed in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the command utilize the CHP 113A, Safety Inspection Checklist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are semiannual safety inspections conducted?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Are safety hazards identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is corrective action taken within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Measures taken to correct situation within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are the CHP 121 series thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisory comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Safety recognition emblem summary current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copies maintained with IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>6. INJURY AND ILLNESS PREVENTION PROGRAM</b>	EVALUATED X	ACTION REQUIRED  CORRECTED
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is required documentation maintained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>7. COMMUNICATION WITH DOSH</b>	EVALUATED X	ACTION REQUIRED  CORRECTED
a. Employees aware of procedures regarding DOSH inspections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Command's documents readily available for review by DOSH Compliance Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>8. HAZARDOUS SUBSTANCE PROGRAM</b>	EVALUATED X	ACTION REQUIRED  CORRECTED
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are hazardous substances identified and properly labeled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Warning signs posted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Material Safety Data Sheets readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Employees receive training?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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(5) Training documented?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(6) Employees informed of their right to applicable medical and exposure information?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>9. HAZARDOUS EXPOSURE CONTROL PROGRAMS</b>	<b>EVALUATED</b> X	<b>ACTION REQUIRED</b>	<b>CORRECTED</b>
a. Activities identified within command that may require exposure to hazardous conditions?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Appropriate engineering and/or administrative controls implemented?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Protective equipment provided in accordance with bargaining unit agreements?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Employees trained on use and maintenance of equipment?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(4) Training documented?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**AREA MANAGEMENT EVALUATION SUPPLEMENT**

CHP 454 (Rev. 5-06) OPI 009

SUBJECT: Occupational Safety

DATE: 08/26/2008

SECTIONS	COMMENTS
4- COSC	<p>Area Occupational Safety Meetings were combined with Area Staff Meetings for the first and second quarters of 2008. Future meetings will be exclusively COSC meetings. The third quarter COSC meeting has been scheduled for September 30, 2008. Not ALL COSC members attend every meeting due to various scheduling conflicts.</p> <p>All available COSC minutes available were placed in the Area's IIPP binder. Several meeting minutes were missing. Unknown if the minutes were misplaced or if the meetings didn't take place.</p> <p>No completed CHP 113B's were located. Unknown if any were submitted. Blank CHP 113B's were placed in the debriefing room for utilization by employees.</p>
5- Documentation	<p>No DMV INF 254's were located. According to DMV's website, this form is for government agencies to request driving records for prospective hires or "casual drivers." "Casual drivers" are defined as employees who are hired for less than 30 days in the preceding six months. Area has no employees meeting this definition.</p> <p>The latest CHP 113A located was completed in 2004. A CHP 113A was completed on 8/18/08 and placed in the appropriate annex of the Area's IIPP. Area underwent and passed an inspection by the Fire Marshal in spring of 2008.</p> <p>Copies of the CHP 712A's were not being maintained in the designated binder. Due to the volume of forms, a separate binder containing all employee's CHP 712's and CHP 712A's was created and the forms updated and made current.</p>
8 - Hazardous Substance Program	<p>Chapter 7 of HPM 10.6, Hazardous Substance Program, is retained in Annex E of the Area's IIPP with the Area specific hazards. Hazardous substances in the Area are common to all commands and separate MSDS documents are maintained for both automotive and janitorial supplies. The employees working with these substances have several years of experience, but no training records were located for these civilian employees. A First Responder Awareness class has been scheduled to address this issue. Uniformed personnel received annual refresher training on hazardous materials, which is documented in ETRS.</p>

**AREA MANAGEMENT EVALUATION SUPPLEMENT**

CHP 454 (Rev. 5-06) OPI 009

SUBJECT: Occupational Safety

DATE: 08/26/2008

SECTIONS	COMMENTS
4- COSC	Area Occupational Safety Meetings were combined with Area Staff Meetings for the first and second quarters of 2008. Future meetings will be exclusively COSC meetings. The third quarter COSC meeting has been scheduled for September 30, 2008. Not ALL COSC members attend every meeting due to various scheduling conflicts.
	All available COSC minutes available were placed in the Area's IIPP binder. Several meeting minutes were missing.
	No completed CHP 113B's were located. Unknown if any were submitted. Blank CHP 113B's were placed in the debriefing room for utilization by employees.
5- Documentation	No DMV INF 254's were located. According to DMV's website, this form is for government agencies to request driving records for prospective hires or "casual drivers." "Casual drivers" are defined as employees who are hired for less than 30 days in the preceding six months. Area has no employees meeting this definition.
	The latest CHP 113A located was completed in 2004. A CHP 113A was completed on 8/18/08 and placed in the appropriate annex of the Area's IIPP. Area underwent and passed an inspection by the Fire Marshal in spring of 2008.
	Copies of the CHP 712A's were not being maintained in the designated binder. Due to the volume of forms, a separate binder containing all employee's CHP 712's and CHP 712A's was created and the forms updated and made current.
8 - Hazardous Substance Program	Chapter 7 of HPM 10.6, Hazardous Substance Program, is retained in Annex E of the Area's IIPP with the Area specific hazards. Hazardous substances in the Area are common to all commands and separate MSDS documents are maintained for both automotive and janitorial supplies. The employees working with these substances have several years of experience, but no training records were located for these civilian employees. A First Responder Awareness class has been scheduled to address this issue. Uniformed personnel received annual refresher training on hazardous materials, which is documented in ETRS.



AREA Grapevine Insp. Fac.	DIVISION Central	NUMBER 12
EVALUATED BY S. A. Netzer, Lt.		DATE 08/28/2008

**INSTRUCTIONS:** Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Correction Report BY <u>S.A. NETZER</u>	
		COMMANDER'S REVIEW	DATE 08/28/2008
<b>1. GOALS AND ACCOMPLISHMENTS</b>		EVALUATED X	ACTION REQUIRED CORRECTED

a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13? ☒ Yes    ☐ No

(1) Are goals developed in accordance with departmental policy? ☒ Yes    ☐ No

(2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals? ☒ Yes    ☐ No

(3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals? ☒ Yes    ☐ No

(4) Are goals appropriately categorized? ☒ Yes    ☐ No

(5) Are goals realistic? ☒ Yes    ☐ No

(6) Are goals consistent with departmental objectives? ☒ Yes    ☐ No

(7) Is input from all levels considered before goals are established? ☒ Yes    ☐ No

b. Are goals being accomplished? ☒ Yes    ☐ No

(1) Accurate reporting on CHP 113, Accident and Injury Report? ☒ Yes    ☐ No

(2) Are accidents increasing? ☐ Yes    ☒ No

(3) Are injuries increasing? ☐ Yes    ☒ No

(4) Why are they increasing/decreasing?

(5) Is CHP 113, Accident and Injury Report, posted or readily accessible? ☒ Yes    ☐ No

(6) Are employees knowledgeable about goals and achievements? ☒ Yes    ☐ No

(7) Are employees providing suggestions toward goal attainment? ☒ Yes    ☐ No

<b>2. PARTICIPATION</b>	EVALUATED X	ACTION REQUIRED	CORRECTED
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a. Commander actively involved in program? ☒ Yes    ☐ No

(1) Commander active in injury/illness case management? ☒ Yes    ☐ No

(2) What is the commander's attitude regarding occupational safety? Commander stresses Occupational Safety during training days and regular shift briefings.

(3) Occupational safety issues discussed at staff meetings and training days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are safety issues in the meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Commander comments regarding safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the commander ensure use of appropriate safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are managers/supervisors actively involved in the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are managers/supervisors involved in case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do they have the appropriate attitude?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are managers monitoring supervisors' progress and efforts to attain goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are supervisors monitoring employees' efforts?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do managers comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do supervisors comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do managers/supervisors ensure the use of proper safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are employees actively involved in the Occupational Safety Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees involved in their case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are employees knowledgeable about safety goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are they aware of the command's achievements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are employees practicing safety while performing their duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are employees reporting unsafe conditions and/or work practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do employees work cooperatively to minimize hazards?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do employees offer suggestions to improve occupational safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is employee equipment properly used and maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3. ACCIDENT AND INJURY TRENDS	EVALUATED	ACTION REQUIRED	CORRECTED
	X		

a. Commander's method of identifying trends? Review of CHP 121's.

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(1) Are accidents and injuries being monitored to identify trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are personnel in the command aware of current and potential trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

b. What corrective action has the command taken when a trend has been identified?

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STATE OF CALIFORNIA  
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**AREA MANAGEMENT EVALUATION**  
**OCCUPATIONAL SAFETY**  
CHP 453M (Rev. 5-06) OPI 009

(1) Are commanders, managers, and supervisors actively implementing corrective actions? ☒ Yes ☐ No

**4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)**

EVALUATED

X

ACTION REQUIRED

CORRECTED

a. What is the composition of the COSC? 1 Lieutenant, 1 Sergeant, 1 Officer, 1 Commercial Vehicle Inspection Specialist, 1 Office Services Supervisor, and 1 Custodian.

(1) Is there representation from each collective bargaining unit? ☒ Yes ☐ No

(2) Management and supervisory representation? ☒ Yes ☐ No

(3) Command Safety Coordinator assigned? ☒ Yes ☐ No

(4) Command Safety Coordinator active and effective? ☒ Yes ☐ No

(5) Are committee assignments rotated? ☒ Yes ☐ No

(6) COSC meetings held quarterly? ☒ Yes ☐ No

(7) Are meetings held more frequently when goals are not being attained? ☒ Yes ☐ No

(8) Do all committee members attend the meetings? ☒ Yes ☐ No

b. Are roles and responsibilities defined in accordance with IIPP? ☒ Yes ☐ No

(1) Do committee members understand their roles and responsibilities? ☒ Yes ☐ No

(2) Is an agenda prepared prior to the meeting? ☒ Yes ☐ No

(3) Are departmental and Division Occupational Safety meetings minutes readily available? ☒ Yes ☐ No

(4) Are these minutes utilized for Area meetings? ☒ Yes ☐ No

(5) Are assignments given during Area meetings? ☒ Yes ☐ No

c. Minutes prepared for the COSC meeting? ☒ Yes ☐ No

(1) Recording secretary appointed? ☒ Yes ☐ No

(2) Minutes posted on command's Occupational Safety Board? ☒ Yes ☐ No

(3) Are minutes included in IIPP file? ☒ Yes ☐ No

(4) Minutes maintained current year, plus three? ☒ Yes ☐ No

(5) Minutes forwarded through channels? ☒ Yes ☐ No

d. Is the COSC effective? ☒ Yes ☐ No

(1) Are COSC recommendations clear, concise and pertinent to the command? ☒ Yes ☐ No

(2) COSC proactive to eliminate potential causes of accidents and injuries? ☒ Yes ☐ No

(3) COSC disseminate current information and training regarding health and safety issues? ☒ Yes ☐ No

e. Do all personnel receive current information regarding health and safety? ☒ Yes ☐ No

f. Are outside agency safety programs utilized as a resource? ☐ Yes ☒ No

g. Does the command maintain an effective health and safety communications system? ☒ Yes ☐ No

**AREA MANAGEMENT EVALUATION****OCCUPATIONAL SAFETY**

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(1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>5. DOCUMENTATION</b>	<b>EVALUATED</b> X	<b>ACTION REQUIRED</b>
a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. OSHA 300, Log of Occupational Injury and Illnesses, utilized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are required injuries and illnesses logged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year log posted during February?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are CHP 113s, Accident and Injury Report, compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) CHP 113s and attachments processed in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the command utilize the CHP 113A, Safety Inspection Checklist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are semiannual safety inspections conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are safety hazards identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is corrective action taken within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Measures taken to correct situation within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are the CHP 121 series thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisory comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Safety recognition emblem summary current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Copies maintained with IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>6. INJURY AND ILLNESS PREVENTION PROGRAM</b>	EVALUATED X	ACTION REQUIRED	CORRECTED
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(8) Is required documentation maintained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>7. COMMUNICATION WITH DOSH</b>	EVALUATED X	ACTION REQUIRED	CORRECTED
a. Employees aware of procedures regarding DOSH inspections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Command's documents readily available for review by DOSH Compliance Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>8. HAZARDOUS SUBSTANCE PROGRAM</b>	EVALUATED X	ACTION REQUIRED	CORRECTED
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are hazardous substances identified and properly labeled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Warning signs posted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Material Safety Data Sheets readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Employees receive training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

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(5) Training documented?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Employees informed of their right to applicable medical and exposure information?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>9. HAZARDOUS EXPOSURE CONTROL PROGRAMS</b>	EVALUATED X	ACTION REQUIRED	CORRECTED
a. Activities identified within command that may require exposure to hazardous conditions?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Appropriate engineering and/or administrative controls implemented?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Protective equipment provided in accordance with bargaining unit agreements?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Employees trained on use and maintenance of equipment?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Training documented?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Evaluation noted minor discrepancies which were immediately corrected.

**M e m o r a n d u m**

Date: March 25, 2008

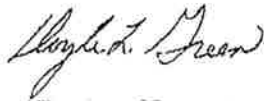
To: Central Division

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**  
Buttonwillow Area

File No.: 426.10857

Subject: AREA MANAGEMENT EVALUATION - CHP 453M - OCCUPATIONAL  
SAFETY - INFORMAL EVALUATION

Attached is in an Occupational Safety Informal Evaluation, per HPG 22.1, Chapter 12,  
conducted by Sergeant Terry Hester, of the Buttonwillow Area. No follow-up correction report  
is required. Contact me at (661)764-5580, if you have any questions.



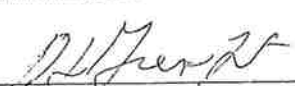
D. L. GREEN, Lieutenant  
Area Commander

**AREA MANAGEMENT EVALUATION  
OCCUPATIONAL SAFETY**

CHP 453M (Rev. 5-06) OPI 009

AREA Buttonwillow	DIVISION Central	NUMBER
EVALUATED BY Sgt. Hester		DATE 03/23/2008

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No BY		COMMANDER'S REVIEW 	DATE 3-25-08
1. GOALS AND ACCOMPLISHMENTS		EVALUATED Yes	ACTION REQUIRED No

a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13? ☒ Yes ☐ No

(1) Are goals developed in accordance with departmental policy? ☒ Yes ☐ No

(2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals? ☒ Yes ☐ No

(3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals? ☒ Yes ☐ No

(4) Are goals appropriately categorized? ☒ Yes ☐ No

(5) Are goals realistic? ☒ Yes ☐ No

(6) Are goals consistent with departmental objectives? ☒ Yes ☐ No

(7) Is input from all levels considered before goals are established? ☒ Yes ☐ No

b. Are goals being accomplished? ☒ Yes ☐ No

(1) Accurate reporting on CHP 113, Accident and Injury Report? ☒ Yes ☐ No

(2) Are accidents increasing? ☐ Yes ☒ No

(3) Are injuries increasing? ☐ Yes ☒ No

(4) Why are they increasing/decreasing? Preventable accidents decreased to (1) in 2007 from (2) in 2006. Area has not experienced a disabling injury since 4th quarter 2004. The decrease seems to be from reinforcing occupational safety during briefings and during training days.

(5) Is CHP 113, Accident and Injury Report, posted or readily accessible? ☒ Yes ☐ No

(6) Are employees knowledgeable about goals and achievements? ☒ Yes ☐ No

(7) Are employees providing suggestions toward goal attainment? ☒ Yes ☐ No

2. PARTICIPATION	EVALUATED Yes	ACTION REQUIRED	CORRECTED
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a. Commander actively involved in program? ☒ Yes ☐ No

(1) Commander active in injury/illness case management? ☒ Yes ☐ No

(2) What is the commander's attitude regarding occupational safety? The commander attends both Division and Area occupational safety meetings. Safety is the commander's #1 priority.



# AREA MANAGEMENT EVALUATION OCCUPATIONAL SAFETY

CHP 453M (Rev. 5-06) OPI 009

(3) Occupational safety issues discussed at staff meetings and training days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are safety issues in the meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Commander comments regarding safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the commander ensure use of appropriate safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are managers/supervisors actively involved in the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are managers/supervisors involved in case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do they have the appropriate attitude?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are managers monitoring supervisors' progress and efforts to attain goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are supervisors monitoring employees' efforts?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do managers comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do supervisors comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do managers/supervisors ensure the use of proper safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are employees actively involved in the Occupational Safety Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees involved in their case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are employees knowledgeable about safety goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are they aware of the command's achievements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are employees practicing safety while performing their duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are employees reporting unsafe conditions and/or work practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do employees work cooperatively to minimize hazards?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do employees offer suggestions to improve occupational safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is employee equipment properly used and maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3. ACCIDENT AND INJURY TRENDS	EVALUATED	ACTION REQUIRED	CORRECTED
	Yes	No	

a. Commander's method of identifying trends? The commander reviews circumstances surrounding all collisions, or injuries.  
The commander also reviews the quarterly CHP 113, Accident and Injury Report.

(1) Are accidents and injuries being monitored to identify trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are personnel in the command aware of current and potential trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

b. What corrective action has the command taken when a trend has been identified? Employees are made aware of the identified trends during briefings and training days. Additional training has been used in the past to correct identified trends.

# AREA MANAGEMENT EVALUATION

## OCCUPATIONAL SAFETY

CHP 453M (Rev. 5-06) OPI 009

(1) Are commanders, managers, and supervisors actively implementing corrective actions?

☒ Yes ☐ No**4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)**

EVALUATED

Yes

ACTION REQUIRED

No

CORRECTED

a. What is the composition of the COSC? The COSC is comprised of the commander as the chairperson. A sergeant is assigned as the safety coordinator. There is an Area Rep and Alternate Area Rep on COSC. There is also a OSSI to represent the non-uniformed. Meetings are often held in conjunction with Area training days and attended by numerous road patrol officers.

(1) Is there representation from each collective bargaining unit?

☒ Yes ☐ No

(2) Management and supervisory representation?

☒ Yes ☐ No

(3) Command Safety Coordinator assigned?

☒ Yes ☐ No

(4) Command Safety Coordinator active and effective?

☒ Yes ☐ No

(5) Are committee assignments rotated?

☒ Yes ☐ No

(6) COSC meetings held quarterly?

☒ Yes ☐ No

(7) Are meetings held more frequently when goals are not being attained?

☒ Yes ☐ No

(8) Do all committee members attend the meetings?

☒ Yes ☐ No

b. Are roles and responsibilities defined in accordance with IIPP?

☒ Yes ☐ No

(1) Do committee members understand their roles and responsibilities?

☒ Yes ☐ No

(2) Is an agenda prepared prior to the meeting?

☒ Yes ☐ No

(3) Are departmental and Division Occupational Safety meetings minutes readily available?

☒ Yes ☐ No

(4) Are these minutes utilized for Area meetings?

☒ Yes ☐ No

(5) Are assignments given during Area meetings?

☒ Yes ☐ No

c. Minutes prepared for the COSC meeting?

☒ Yes ☐ No

(1) Recording secretary appointed?

☒ Yes ☐ No

(2) Minutes posted on command's Occupational Safety Board?

☒ Yes ☐ No

(3) Are minutes included in IIPP file?

☒ Yes ☐ No

(4) Minutes maintained current year, plus three?

☒ Yes ☐ No

(5) Minutes forwarded through channels?

☒ Yes ☐ No

d. Is the COSC effective?

☒ Yes ☐ No

(1) Are COSC recommendations clear, concise and pertinent to the command?

☒ Yes ☐ No

(2) COSC proactive to eliminate potential causes of accidents and injuries?

☒ Yes ☐ No

(3) COSC disseminate current information and training regarding health and safety issues?

☒ Yes ☐ No

e. Do all personnel receive current information regarding health and safety?

☒ Yes ☐ No

f. Are outside agency safety programs utilized as a resource?

☒ Yes ☐ No

g. Does the command maintain an effective health and safety communications system?

☒ Yes ☐ No

# **AREA MANAGEMENT EVALUATION** **OCCUPATIONAL SAFETY**

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(1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>5. DOCUMENTATION</b>	<b>EVALUATED</b> Yes	<b>ACTION REQUIRED</b> No
a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder? <i>NEW EMPLOYEE NOT UTILIZED</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. OSHA 300, Log of Occupational Injury and Illnesses, utilized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are required injuries and illnesses logged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year log posted during February?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are CHP 113s, Accident and Injury Report, compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) CHP 113s and attachments processed in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the command utilize the CHP 113A, Safety Inspection Checklist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are semiannual safety inspections conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are safety hazards identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is corrective action taken within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Measures taken to correct situation within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are the CHP 121 series thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisory comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**AREA MANAGEMENT EVALUATION  
OCCUPATIONAL SAFETY**

CHP 453M (Rev. 5-06) OPI 009

(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Safety recognition emblem summary current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Copies maintained with IIPP file?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<b>6. INJURY AND ILLNESS PREVENTION PROGRAM</b>	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(8) Is required documentation maintained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>7. COMMUNICATION WITH DOSH</b>	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Employees aware of procedures regarding DOSH inspections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Command's documents readily available for review by DOSH Compliance Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>8. HAZARDOUS SUBSTANCE PROGRAM</b>	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are hazardous substances identified and properly labeled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Warning signs posted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Material Safety Data Sheets readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Employees receive training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

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**AREA MANAGEMENT EVALUATION**  
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(5) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Employees informed of their right to applicable medical and exposure information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>9. HAZARDOUS EXPOSURE CONTROL PROGRAMS</b>	<b>EVALUATED</b> Yes	<b>ACTION REQUIRED</b> No
a. Activities identified within command that may require exposure to hazardous conditions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Appropriate engineering and/or administrative controls implemented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Protective equipment provided in accordance with bargaining unit agreements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Employees trained on use and maintenance of equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

The preceding Area Management Evaluation was recently conducted on the Area's Occupational Safety Program by Sergeant Terry Hester. All aspects of the Illness and Injury Prevention Program are up to date. A Hazardous Substances Program is in place to identify the hazardous substances routinely used in the command.

The Occupational Safety Program is being properly managed by the Command's Safety Coordinator. The Area Commander actively supports the Area's Occupational Safety Program and personally oversees the program. Employees are encouraged to participate in the program through regularly scheduled meetings and open discussions concerning occupational safety are held at Area training days. The evaluation found that the Area satisfactorily conforms to all the requirements outlined in HPG 22.1, Chapter 12.

**M e m o r a n d u m**

Date: December 30, 2008

To: Buttonwillow Area

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**  
Coalinga Area

File No.: 495.13682

Subject: HPG 22.1, AREA RESOURCES MANAGEMENT GUIDE, INSPECTIONS

During the month of December 2008, a team comprised of Sergeant Larkin Vander Mel, Office Services Supervisor Paula McSheehy and Lieutenant Dave Knoff completed three Area Management Evaluations on the Buttonwillow Area per HPG 22.1, Area Resources Management Guide. The three Area Management Evaluations were Office Management, Occupational Safety and Special Functions. Utilizing the procedures and checklists provided in HPG 22.1, as well as through interviews conducted of the affected personnel, the following is a summation of the results of each evaluation.

Lieutenant Knoff conducted the Occupational Safety (chapter 12) evaluation. During his evaluation, he noted on March 23, 2008, Sergeant T. Hester, of the Buttonwillow Area, conducted an informal Occupational Safety (chapter 12) evaluation. The results of which were forwarded to the Central Division Occupational Safety Coordinator. During the formal evaluation, Lieutenant Knoff discussed the informal evaluation with Sgt. Hester. During the discussion, Sgt. Hester explained during his informal evaluation he found no items for follow-up. After inspecting the Area's occupational safety information and IIPP, Lieutenant Knoff reached the same conclusion.

Furthermore, during the Office Management (chapter 5) evaluation and the Special Functions (chapter 15) evaluation, neither Office Services Supervisor McSheeche nor Sergeant Vander Mel noted any significant discrepancies.

Based upon the procedures and checklist provided and the interviews of the affected personnel, the Buttonwillow Area's occupational safety program, special functions and office management are functioning within guidelines set forth in HPG 22.1, Area Resources Guide. Should you have any questions, please feel free to contact me at (559) 935-2093.



D. W. KNOFF, Lieutenant  
Commander

**M e m o r a n d u m**

Date: January 16, 2009

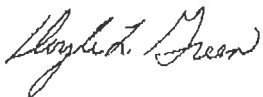
To: Central Division

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**  
Buttonwillow Area

File No.: 426.10857

Subject: HPG 22.1 AREA RESOURCES MANAGEMENT GUIDE, INSPECTIONS  
OFFICE MANAGEMENT, OCCUPATIONAL SAFETY, AND SPECIAL  
FUNCTIONS

Lieutenant Knoff and his team inspected the Buttonwillow Area, per HPG 22.1, in the areas of Office Management, Occupational Safety, and Special Functions. I have reviewed the attached reports. No further follow-up is required. Contact me at (661)764-5580, if you have any questions.




D. GREEN, Lieutenant  
Commander

Attachments

AREA Bakersfield	DIVISION Central	NUMBER 462
EVALUATED BY D. Knoff		DATE 12/23/2008

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		COMMANDER'S REVIEW 	DATE 1-9-09
BY _____		EVALUATED Yes	ACTION REQUIRED No
1. GOALS AND ACCOMPLISHMENTS		CORRECTED	

a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13?

☐ Yes ☐ No

(1) Are goals developed in accordance with departmental policy?

☒ Yes ☐ No

(2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals?

☒ Yes ☐ No

(3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals?

☒ Yes ☐ No

(4) Are goals appropriately categorized?

☒ Yes ☐ No

(5) Are goals realistic?

☒ Yes ☐ No

(6) Are goals consistent with departmental objectives?

☒ Yes ☐ No

(7) Is input from all levels considered before goals are established?

☒ Yes ☐ No

b. Are goals being accomplished?

☒ Yes ☐ No

(1) Accurate reporting on CHP 113, Accident and Injury Report?

☒ Yes ☐ No

(2) Are accidents increasing?

☐ Yes ☒ No

(3) Are injuries increasing?

☒ Yes ☐ No

(4) Why are they increasing/decreasing? Preventable accidents remained the same in 2008 vs. 2007 but disabling injuries increased in 2008. Due to this the Area Commander and supervisory staff are reinforcing the area occupational safety message during briefings and training days.

(5) Is CHP 113, Accident and Injury Report, posted or readily accessible?

☒ Yes ☐ No

(6) Are employees knowledgeable about goals and achievements?

☒ Yes ☐ No

(7) Are employees providing suggestions toward goal attainment?

☒ Yes ☐ No

## 2. PARTICIPATION

EVALUATED Yes	ACTION REQUIRED No	CORRECTED
------------------	-----------------------	-----------

a. Commander actively involved in program?

☒ Yes ☐ No

(1) Commander active in injury/illness case management?

☒ Yes ☐ No

(2) What is the commander's attitude regarding occupational safety? Safety is a priority and should be #1 in all employees minds. The commander attends both Division and Area occupational safety meetings.



## AREA MANAGEMENT EVALUATION

## OCCUPATIONAL SAFETY

CHP 453M (Rev. 5-06) OPI 009

(3) Occupational safety issues discussed at staff meetings and training days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are safety issues in the meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Commander comments regarding safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the commander ensure use of appropriate safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are managers/supervisors actively involved in the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are managers/supervisors involved in case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do they have the appropriate attitude?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are managers monitoring supervisors' progress and efforts to attain goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are supervisors monitoring employees' efforts?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do managers comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do supervisors comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do managers/supervisors ensure the use of proper safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are employees actively involved in the Occupational Safety Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees involved in their case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are employees knowledgeable about safety goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are they aware of the command's achievements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are employees practicing safety while performing their duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are employees reporting unsafe conditions and/or work practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do employees work cooperatively to minimize hazards?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do employees offer suggestions to improve occupational safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is employee equipment properly used and maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3. ACCIDENT AND INJURY TRENDS	EVALUATED	ACTION REQUIRED	CORRECTED
	Yes	No	

a. Commander's method of identifying trends? The circumstances surrounding all collisions and injuries are reviewed along with the quarterly 113's.

(1) Are accidents and injuries being monitored to identify trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are personnel in the command aware of current and potential trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. What corrective action has the command taken when a trend has been identified? Trends are discussed during briefings and training days. When a specific trend is identified, additional training methods are utilized.		

## AREA MANAGEMENT EVALUATION

## OCCUPATIONAL SAFETY

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(1) Are commanders, managers, and supervisors actively implementing corrective actions?

☒ Yes ☐ No**4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)**

EVALUATED

Yes

ACTION REQUIRED

No

CORRECTED

- a. What is the composition of the COSC? Commander, Sergeant, Area Rep and Alternate, OSSI. Also, Occupational Safety meetings are held on training days so that numerous road patrol officers may attend.

(1) Is there representation from each collective bargaining unit?

☒ Yes ☐ No

(2) Management and supervisory representation?

☒ Yes ☐ No

(3) Command Safety Coordinator assigned?

☒ Yes ☐ No

(4) Command Safety Coordinator active and effective?

☒ Yes ☐ No

(5) Are committee assignments rotated?

☒ Yes ☐ No

(6) COSC meetings held quarterly?

☒ Yes ☐ No

(7) Are meetings held more frequently when goals are not being attained?

☒ Yes ☐ No

(8) Do all committee members attend the meetings?

☒ Yes ☐ No

b. Are roles and responsibilities defined in accordance with IIPP?

☒ Yes ☐ No

(1) Do committee members understand their roles and responsibilities?

☒ Yes ☐ No

(2) Is an agenda prepared prior to the meeting?

☒ Yes ☐ No

(3) Are departmental and Division Occupational Safety meetings minutes readily available?

☒ Yes ☐ No

(4) Are these minutes utilized for Area meetings?

☒ Yes ☐ No

(5) Are assignments given during Area meetings?

☒ Yes ☐ No

c. Minutes prepared for the COSC meeting?

☒ Yes ☐ No

(1) Recording secretary appointed?

☒ Yes ☐ No

(2) Minutes posted on command's Occupational Safety Board?

☒ Yes ☐ No

(3) Are minutes included in IIPP file?

☒ Yes ☐ No

(4) Minutes maintained current year, plus three?

☒ Yes ☐ No

(5) Minutes forwarded through channels?

☒ Yes ☐ No

d. Is the COSC effective?

☒ Yes ☐ No

(1) Are COSC recommendations clear, concise and pertinent to the command?

☒ Yes ☐ No

(2) COSC proactive to eliminate potential causes of accidents and injuries?

☒ Yes ☐ No

(3) COSC disseminate current information and training regarding health and safety issues?

☒ Yes ☐ No

e. Do all personnel receive current information regarding health and safety?

☒ Yes ☐ No

f. Are outside agency safety programs utilized as a resource?

☒ Yes ☐ No

g. Does the command maintain an effective health and safety communications system?

☒ Yes ☐ No

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(1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>5. DOCUMENTATION</b>	<b>EVALUATED</b> Yes	<b>ACTION REQUIRED</b> No
a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. OSHA 300, Log of Occupational Injury and Illnesses, utilized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are required injuries and illnesses logged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year log posted during February?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are CHP 113s, Accident and Injury Report, compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) CHP 113s and attachments processed in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the command utilize the CHP 113A, Safety Inspection Checklist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are semiannual safety inspections conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are safety hazards identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is corrective action taken within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Measures taken to correct situation within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are the CHP 121 series thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisory comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

STATE OF CALIFORNIA  
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**AREA MANAGEMENT EVALUATION**  
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(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Safety recognition emblem summary current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Copies maintained with IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>6. INJURY AND ILLNESS PREVENTION PROGRAM</b>	<b>EVALUATED</b> Yes	<b>ACTION REQUIRED</b> No	<b>CORRECTED</b>
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(8) Is required documentation maintained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>7. COMMUNICATION WITH DOSH</b>	<b>EVALUATED</b> Yes	<b>ACTION REQUIRED</b> No	<b>CORRECTED</b>
a. Employees aware of procedures regarding DOSH inspections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Command's documents readily available for review by DOSH Compliance Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>8. HAZARDOUS SUBSTANCE PROGRAM</b>	<b>EVALUATED</b> Yes	<b>ACTION REQUIRED</b> No	<b>CORRECTED</b>
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are hazardous substances identified and properly labeled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Warning signs posted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Material Safety Data Sheets readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Employees receive training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

## AREA MANAGEMENT EVALUATION

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(5) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) Employees informed of their right to applicable medical and exposure information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>9. HAZARDOUS EXPOSURE CONTROL PROGRAMS</b>	<b>EVALUATED</b> Yes	<b>ACTION REQUIRED</b> No	<b>CORRECTED</b>
a. Activities identified within command that may require exposure to hazardous conditions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Appropriate engineering and/or administrative controls implemented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Protective equipment provided in accordance with bargaining unit agreements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Employees trained on use and maintenance of equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

AREA Fresno	DIVISION Central	NUMBER 435
EVALUATED BY D. Koetsier		DATE 01/11/2008

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE 4.30.2008	
FOLLOW-UP REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		CORRECTION REPORT <input checked="" type="checkbox"/> Correction Report	
BY <u>D. KOETSIER</u>		COMMANDER'S REVIEW <u>[Signature]</u>	DATE 3/6/08
1. GOALS AND ACCOMPLISHMENTS		EVALUATED Yes	ACTION REQUIRED No

- a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13? ☒ Yes ☐ No
- (1) Are goals developed in accordance with departmental policy? ☒ Yes ☐ No
- (2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals? ☒ Yes ☐ No
- (3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals? ☒ Yes ☐ No
- (4) Are goals appropriately categorized? ☒ Yes ☐ No
- (5) Are goals realistic? ☒ Yes ☐ No
- (6) Are goals consistent with departmental objectives? ☒ Yes ☐ No
- (7) Is input from all levels considered before goals are established? ☒ Yes ☐ No
- b. Are goals being accomplished? ☒ Yes ☐ No
- (1) Accurate reporting on CHP 113, Accident and Injury Report? ☒ Yes ☐ No
- (2) Are accidents increasing? ☐ Yes ☒ No
- (3) Are injuries increasing? ☐ Yes ☒ No
- (4) Why are they increasing/decreasing? Refer to page 7, section 1.

- (5) Is CHP 113, Accident and Injury Report, posted or readily accessible? ☒ Yes ☐ No
- (6) Are employees knowledgeable about goals and achievements? ☒ Yes ☐ No
- (7) Are employees providing suggestions toward goal attainment? ☒ Yes ☐ No
- |                  |                  |                       |                 |
|------------------|------------------|-----------------------|-----------------|
| 2. PARTICIPATION | EVALUATED<br>Yes | ACTION REQUIRED<br>No | CORRECTED<br>No |
|------------------|------------------|-----------------------|-----------------|
- a. Commander actively involved in program? ☒ Yes ☐ No
- (1) Commander active in injury/illness case management? ☒ Yes ☐ No
- (2) What is the commander's attitude regarding occupational safety? Refer to page 7, section 2.

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(3) Occupational safety issues discussed at staff meetings and training days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are safety issues in the meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Commander comments regarding safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the commander ensure use of appropriate safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are managers/supervisors actively involved in the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are managers/supervisors involved in case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do they have the appropriate attitude?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are managers monitoring supervisors' progress and efforts to attain goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are supervisors monitoring employees' efforts?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do managers comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do supervisors comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do managers/supervisors ensure the use of proper safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are employees actively involved in the Occupational Safety Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees involved in their case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are employees knowledgeable about safety goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are they aware of the command's achievements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are employees practicing safety while performing their duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are employees reporting unsafe conditions and/or work practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do employees work cooperatively to minimize hazards?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do employees offer suggestions to improve occupational safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is employee equipment properly used and maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3. ACCIDENT AND INJURY TRENDS	EVALUATED	ACTION REQUIRED	CORRECTED
	Yes	No	No

a. Commander's method of identifying trends?	Refer to page 8, section 3.a.
(1) Are accidents and injuries being monitored to identify trends?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Are personnel in the command aware of current and potential trends?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. What corrective action has the command taken when a trend has been identified?	Refer to page 8, section 3.b.



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(1) Are commanders, managers, and supervisors actively implementing corrective actions?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)	EVALUATED	ACTION REQUIRED	CORRECTED	
	Yes	Yes	No	
a. What is the composition of the COSC? Refer to page 8, section 4.				
(1)	Is there representation from each collective bargaining unit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2)	Management and supervisory representation?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3)	Command Safety Coordinator assigned?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4)	Command Safety Coordinator active and effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5)	Are committee assignments rotated?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6)	COSC meetings held quarterly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(7)	Are meetings held more frequently when goals are not being attained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(8)	Do all committee members attend the meetings?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b.	Are roles and responsibilities defined in accordance with IIPP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1)	Do committee members understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2)	Is an agenda prepared prior to the meeting?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3)	Are departmental and Division Occupational Safety meetings minutes readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4)	Are these minutes utilized for Area meetings?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5)	Are assignments given during Area meetings?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
c.	Minutes prepared for the COSC meeting?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1)	Recording secretary appointed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2)	Minutes posted on command's Occupational Safety Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3)	Are minutes included in IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4)	Minutes maintained current year, plus three?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5)	Minutes forwarded through channels?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
d.	Is the COSC effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1)	Are COSC recommendations clear, concise and pertinent to the command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2)	COSC proactive to eliminate potential causes of accidents and injuries?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3)	COSC disseminate current information and training regarding health and safety issues?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
e.	Do all personnel receive current information regarding health and safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
f.	Are outside agency safety programs utilized as a resource?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
g.	Does the command maintain an effective health and safety communications system?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	



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(1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>5. DOCUMENTATION</b>	EVALUATED Yes	ACTION REQUIRED Yes
		CORRECTED No
a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. OSHA 300, Log of Occupational Injury and Illnesses, utilized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are required injuries and illnesses logged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year log posted during February?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are CHP 113s, Accident and Injury Report, compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) CHP 113s and attachments processed in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the command utilize the CHP 113A, Safety Inspection Checklist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are semiannual safety inspections conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are safety hazards identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is corrective action taken within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Measures taken to correct situation within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
g. Are the CHP 121 series thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisory comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Safety recognition emblem summary current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Copies maintained with IIPP file?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<b>6. INJURY AND ILLNESS PREVENTION PROGRAM</b>	<b>EVALUATED</b> Yes	<b>ACTION REQUIRED</b> No	<b>CORRECTED</b> No
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(8) Is required documentation maintained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>7. COMMUNICATION WITH DOSH</b>	<b>EVALUATED</b> Yes	<b>ACTION REQUIRED</b> Yes	<b>CORRECTED</b> Yes
a. Employees aware of procedures regarding DOSH inspections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Command's documents readily available for review by DOSH Compliance Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>3. HAZARDOUS SUBSTANCE PROGRAM</b>	<b>EVALUATED</b> Yes	<b>ACTION REQUIRED</b> Yes	<b>CORRECTED</b> No
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are hazardous substances identified and properly labeled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Warning signs posted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Material Safety Data Sheets readily available?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(4) Employees receive training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

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(5) Training documented?			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6) Employees informed of their right to applicable medical and exposure information?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>9. HAZARDOUS EXPOSURE CONTROL PROGRAMS</b>	<b>EVALUATED</b> Yes	<b>ACTION REQUIRED</b> No	<b>CORRECTED</b> No	
a. Activities identified within command that may require exposure to hazardous conditions?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Appropriate engineering and/or administrative controls implemented?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Protective equipment provided in accordance with bargaining unit agreements?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Employees trained on use and maintenance of equipment?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Training documented?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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On January 11, 2008, an audit of the Fresno Area Occupational Safety Program was completed. Prior to completing CHP 453M, a review of HPM 10.6 and HPM 10.7 was completed. The Fresno Area Injury and Illness Prevention Program (IIPP), Area Standard Operating Procedure (SOP), OSHA Form 300, CHP 121 forms, and CHP 442 forms were also reviewed to confirm that all required information related to occupational safety was properly documented.

1. GOALS AND ACCOMPLISHMENTS.

- a) Goal Setting. Area is taking appropriate measures to ensure the continued reduction of work-related injuries and illnesses through on-going training and an emphasis on safe work habits expressed during briefings, training days, supervisory ride-alongs, and performance evaluations. Corrective action has also been taken by the Area to reduce the likelihood of recurrences of preventable patrol vehicle/motorcycle collisions.
- b) Goal Accomplishments.
  - i) There was a significant decrease (17%) in work-related injuries and illnesses during 2007 when compared with the previous year. There were thirty five work-related injuries and illnesses during 2007; however, no common trends were identified.
  - ii) There was also a significant decrease (22%) in preventable patrol vehicle collisions during 2007 when compared with the previous year. There were seven preventable patrol vehicle collisions during 2007; however, none of the collisions resulted in injury nor was there a common trend in their cause.
  - iii) There was an even greater decrease (50%) in preventable motorcycle collisions during 2007 when compared with the previous year. There was one preventable motorcycle collision during 2007 which did not result in injury.
  - iv) CHP 113, Accident and Injury Report. The Area Office Manager prepares the report quarterly, sends the original to Division after receiving Commander approval, and files a copy at the Area. The reports are readily accessible through the Area Office Manager.

2. PARTICIPATION.

- a) Involvement. The Commander is actively involved in occupational safety. He is a member of the Command Occupational Safety Committee (COSC) and attends the meetings. He comments on occupational safety during training days, on performance appraisals, and he discusses the subject at Area Staff Meetings. A review of CHP 100, Officer's Evaluation/Activity Summary, forms revealed that occupational safety comments are made on a monthly basis and on annual performance evaluations.

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3. ACCIDENT AND INJURY TRENDS.

- a) Trends. The Commander identifies trends through critical review of work-related injury and illness documentation, and active involvement in injury and illness case management. Accidents and injuries are being monitored to identify trends and are discussed at COSC meetings.
- b) Corrective Actions Taken. Although no local trends exist at this time, the Commander utilizes examples of trends from other areas as well as information provided in Division Occupational Safety Committee (DOSC) meetings to ensure these trends do not become an issue in the Area. According to COSC meeting minutes, action items are assigned to committee members to address current and potential safety concerns.

4. COMMAND OCCUPATIONAL SAFETY COMMITTEE.

- a) Composition and Scheduling. The composition of the COSC is as follows: Commander, Executive Officer (Occupational Safety Chairperson), sergeant (Command Safety Coordinator), four officers, public safety dispatcher, office assistant, automotive technician, and custodian. There is adequate representation from each bargaining unit and from management. Committee assignments are rotated as necessary. The Command Safety Coordinator is diligent in maintaining all related documentation, monitoring safety issues, and ensuring action items are completed in a timely manner.

**Action Item:** Area personnel who are not assigned as members of the COSC will attend meetings on a rotational basis. Having personnel attend COSC meetings on a rotational basis will give them ownership in the program and better familiarize them with the subject of occupational safety.

- b) Reporting and Dissemination of CHP 113B, Hazard Report/Inspection. Area immediately addresses all potential hazards to ensure occupational safety. The CHP 113B has not been used to document potential hazards and therefore, the report was not disseminated according to policy.

**Action Item:** Area personnel will be instructed via a briefing item to report safety and health hazards verbally or on CHP 113B. Additionally, supervisors will be instructed to first take appropriate corrective measures in a timely manner when becoming aware of the hazard, complete CHP 113B, if not already completed, and forward the form to the Command Safety Coordinator.

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5. DOCUMENTATION.

- a) OSHA 300, Log of Occupational Injury and Illnesses. The Area Office Manager logs the injuries and illnesses as required, sends the original log to Division after receiving Commander approval, and files a copy at the Area. The 2007 log was found to be documented accurately. The previous years OSHA 300A form is posted on the Area bulletin board during the month of February and is readily accessible through the Area Office Manager along with OSHA 300 logs.
- b) CHP 113A, Safety Inspection Checklist. Area maintains the inspection checklist in the Area-specific IIPP binder. The binder is maintained in the sergeant's office. Inspections were conducted on January 1, 2007 and June 29, 2007.

**Action Item:** An inspection will be completed during the first quarter of 2008.

- c) CHP 113B, Hazard Report/Inspection. A section of the Area-specific IIPP binder is designated for the report; however, no reports have been completed.

**Action Item:** Refer to page 8, section 4.b.

- d) CHP 712A, IIPP Orientation and Review, and CHP 712, Employee Emergency Action Plan Review. Area does not maintain copies of CHP 712A or CHP 712 with the IIPP file; however, copies of the forms are filed in a central file and maintained by the Command Safety Coordinator. Prior to 2007, the forms were solely maintained in the individual employee personnel files. The central file was developed in order to increase efficiency and ensure personnel receive adequate training.

6. INJURY AND ILLNESS PREVENTION PROGRAM (IIPP).

- a) IIPP review occurs annually during the fourth quarter training and is confirmed during annual performance evaluations. The IIPP binder contains all required items. The binder was updated during this inspection to reflect changes in responsibilities.

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7. COMMUNICATION WITH DOSH.

- a) Area personnel have been instructed on procedures regarding Division of Occupational Safety and Health (DOSH) inspections; however, a small number of employees when interviewed were only able to give a general location of the IIPP binder, Emergency Action Plan (EAP) binder, and COSC meeting minutes. All employees interviewed were aware of proper reporting procedures for safety and health hazards.

**Action Item:** Review of DOSH inspection procedures, specifically, the location of IIPP and EAP related materials will be placed in a suspense file in order that employees may be re-briefed twice annually.

- b) All IIPP related documents are readily available for review. The Command Safety Coordinator maintains CHP 712A and CHP 712. CHP 113A and CHP 113B are maintained in the IIPP binder. The Area Office Manager maintains all other related documents.

8. HAZARDOUS SUBSTANCES PROGRAM.

- a) Area has identified and ensured that hazardous substances are properly labeled. In addition to the warning labels found on identified hazardous substances, warning signs have been posted in those specific areas where the substances are located to provide notification and to prevent such actions as smoking or improper discarding.
- b) Area does have a complete set of Material Safety Data Sheets; however, the information was not readily available to all of the appropriate employees.

**Action Item:** Material Safety Data Sheets will be maintained in a specially marked binder in triplicate and placed in 3 separate locations. One binder will be located in the automotive technicians' office, the second binder will be located in the custodians' storage closet, and the third binder will be located in the Administrative Officer's office. All employees will be advised of the data sheets location.

- c) All employees have received specific training in regards to hazardous substances; however, the training received by non-uniform employees has not been documented.

**Action Item:** Non-uniform employees training records will be updated utilizing the Office Training System. Employees will be directed to inform their immediate supervisor of any training received in order that the supervisor can update the training system. The Area Administrative Officer will provide initial and refresher training as necessary to Area employees.

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9. HAZARDOUS EXPOSURE CONTROL PROGRAMS.

- a) All activities that may require exposure to hazardous conditions have been identified and appropriate measures have been taken including written safety instructions, reference to product labels, availability of protective equipment, and posted warning signs. Personnel have been trained in proper procedures and use of provided protective equipment. Training for uniformed personnel has been documented. All reported safety issues have been addressed and an immediate response was taken in all cases to make any necessary changes.

Area Occupational Safety Program is designed to promote employee safety and well-being. It is Area's intent to achieve all occupational safety goals. Area personnel are actively involved in various aspects of the program and are knowledgeable about occupational safety goals. Occupational safety training is provided regularly by qualified instructors. The program fulfills the requirements of the IIPP, HPM 10.6, and HPM 10.7. An exemplary attitude toward occupational safety is projected by Area.

D. KOETSIER, #17090  
Sergeant  
Fresno Area



AREA MANAGEMENT EVALUATION (CORRECTION REPORT)

Chapter 12

OCCUPATIONAL SAFETY

On January 11, 2008, an audit of the Fresno Area Occupational Safety Program was completed. During the audit, six items of concern were discovered. The items of concern were addressed and corrected.

1. GOALS AND ACCOMPLISHMENTS.

**No Action Items.**

2. PARTICIPATION.

**No Action Items.**

3. ACCIDENT AND INJURY TRENDS.

**No Action Items.**

4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC).

**Action Item:** Area personnel who are not assigned as members of the COSC will attend meetings on a rotational basis. Having personnel attend COSC meetings on a rotational basis will give them ownership in the program and better familiarize them with the subject of occupational safety.

**Response:** Area personnel have been encouraged during briefings and training days to attend meetings. Non-committee members have attended recent meetings and have taken an active role in the program. Attendance has been influenced by scheduling and availability of the non-committee members.

**Action Item:** Area personnel will be instructed via a briefing item to report safety and health hazards verbally or on CHP 113B. Additionally, supervisors will be instructed to first take appropriate corrective measures in a timely manner when becoming aware of the hazard, complete CHP 113B, if not already completed, and forward the form to the Command Safety Coordinator.

**Response:** The briefing item was prepared and briefed in January of 2008. All supervisors were reminded of the proper reporting procedures via email and during a staff meeting in March of 2008.

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5. DOCUMENTATION.

**Action Item:** An inspection of the Area facility will be completed during the first quarter of 2008.

**Response:** An inspection was completed on March 24, 2008, following the quarterly COSC meeting.

6. INJURY AND ILLNESS PREVENTION PROGRAM (IIPP).

**No Action Items.**

7. COMMUNICATION WITH DOSH.

**Action Item:** Review of Division of Occupational Safety and Health (DOSH) inspection procedures, specifically, the location of IIPP and Emergency Action Plan (EAP) related materials will be placed in a suspense file in order that employees may be re-briefed twice annually.

**Response:** A briefing item was prepared and briefed in January of 2008. The briefing item was placed in the Area suspense file for re-briefing in June of 2008.

8. HAZARDOUS SUBSTANCES PROGRAM.

**Action Item:** Material Safety Data Sheets will be maintained in a specially marked binder in triplicate and placed in 3 separate locations. One binder will be located in the automotive technicians' office; the second binder will be located in the custodians' storage closet, and the third binder will be located in the Administrative Officer's office. All employees will be advised of the data sheets location.

**Response:** The specially marked binders were prepared in triplicate and placed in the automotive technicians' office, the custodians' storage closet, and the Administrative Officer's office. A briefing item advising of the binders' locations was prepared and briefed in April of 2008.

AREA MANAGEMENT EVALUATION (CORRECTION REPORT)

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**Action Item:** Non-uniform employees training records will be updated utilizing the Office Training System. Employees will be directed to inform their immediate supervisor of any training received in order that the supervisor can update the training system. The Area Administrative Officer will provide initial and refresher training as necessary to Area employees.


**Response:** The Office Training System is being utilized to update non-uniform employees' training records. Non-uniform employees have been briefed of the new system, and the need to advise their supervisor of received training. All necessary training of non-uniform employees has been provided.

9. HAZARDOUS EXPOSURE CONTROL PROGRAMS.

**No Action Items.**

10. RECOMMENDATIONS.

Attach this correction report to the CHP 453M, Area Management Evaluation, Occupational Safety report dated January 11, 2008.



D. KOETSIER, #17090  
Sergeant  
Fresno Area

Attachments

**M e m o r a n d u m**

Date: December 1, 2008

To: Ft. Tejon Area

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**  
Coalinga Area

File No.: 495.13682

Subject: HPG 22.1, AREA RESOURCES MANAGEMENT GUIDE, INSPECTIONS

On October 30, 2008, a team comprised of Sergeant Larkin Vander Mel, Office Services Supervisor Lorie Berger and Lieutenant Dave Knoff completed three Area Management Evaluations on the Ft. Tejon Area per HPG 22.1, Area Resources Management Guide. The three Area Management Evaluations were Office Management, Occupational Safety and Special Functions. Utilizing the procedures and checklists provided in HPG 22.1 as well as through interviews conducted of the affected personnel, the following is a summation of the results of each evaluation.

Lieutenant Knoff conducted the Occupational Safety (chapter 12) evaluation. During his evaluation, he noted on July 16, 2008, Sergeant C. Whitty, of the Ft. Tejon Area, conducted an informal Occupational Safety (chapter 12) evaluation. The results of which were forwarded to the Central Division Occupational Safety Coordinator. During the formal evaluation, Lieutenant Knoff discussed the informal evaluation with Sgt. Whitty. During the discussion, Sgt. Whitty explained during his informal evaluation he found no items for follow-up. After inspecting the Area's occupational safety information and IIPP, Lieutenant Knoff reached the same conclusion.

Furthermore, during the Office Management (chapter 5) evaluation and the Special Functions (chapter 15) evaluation, neither Office Services Supervisor Berger nor Sergeant Vander Mel noted any significant discrepancies.

Based upon the procedures and checklist provided and the interviews of the affected personnel, the Ft. Tejon Area's occupational safety program, special functions and office management are functioning within guidelines set forth in HPG 22.1, Area Resources Guide.



D. W. KNOFF, Lieutenant  
Commander

cc: Assistant Chief R. Clements

*Safety, Service, and Security*

AREA F. Tejon	DIVISION Central	NUMBER 430
EVALUATED BY D. Knoff		DATE 10/30/2008

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		COMMANDER'S REVIEW <i>JR O'Don LT</i>	DATE 12-4-08
BY _____			

## 1. GOALS AND ACCOMPLISHMENTS

EVALUATED Yes	ACTION REQUIRED No	CORRECTED
------------------	-----------------------	-----------

a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13?

*N/A*

☐ Yes    ☐ No

(1) Are goals developed in accordance with departmental policy?

☒ Yes    ☐ No

(2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals?

☒ Yes    ☐ No

(3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals?

☒ Yes    ☐ No

(4) Are goals appropriately categorized?

☒ Yes    ☐ No

(5) Are goals realistic?

☒ Yes    ☐ No

(6) Are goals consistent with departmental objectives?

☒ Yes    ☐ No

(7) Is input from all levels considered before goals are established?

☒ Yes    ☐ No

b. Are goals being accomplished?

☒ Yes    ☐ No

(1) Accurate reporting on CHP 113, Accident and Injury Report?

☒ Yes    ☐ No

(2) Are accidents increasing?

☐ Yes    ☒ No

(3) Are injuries increasing?

☐ Yes    ☒ No

(4) Why are they increasing/decreasing? The numbers are roughly the same as previous years with no noticeable increase or decrease.

(5) Is CHP 113, Accident and Injury Report, posted or readily accessible?

☒ Yes    ☐ No

(6) Are employees knowledgeable about goals and achievements?

☒ Yes    ☐ No

(7) Are employees providing suggestions toward goal attainment?

☐ Yes    ☐ No

## 2. PARTICIPATION

EVALUATED Yes	ACTION REQUIRED No	CORRECTED
------------------	-----------------------	-----------

a. Commander actively involved in program?

☒ Yes    ☐ No

(1) Commander active in injury/illness case management?

☒ Yes    ☐ No

(2) What is the commander's attitude regarding occupational safety? The Commander is very safety conscious. He attends all meetings, both division and area and ensures occupational safety is utmost in everyone's mind.

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(3) Occupational safety issues discussed at staff meetings and training days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are safety issues in the meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Commander comments regarding safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the commander ensure use of appropriate safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are managers/supervisors actively involved in the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are managers/supervisors involved in case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do they have the appropriate attitude?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are managers monitoring supervisors' progress and efforts to attain goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are supervisors monitoring employees' efforts?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do managers comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do supervisors comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do managers/supervisors ensure the use of proper safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are employees actively involved in the Occupational Safety Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees involved in their case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are employees knowledgeable about safety goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are they aware of the command's achievements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are employees practicing safety while performing their duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are employees reporting unsafe conditions and/or work practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do employees work cooperatively to minimize hazards?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do employees offer suggestions to improve occupational safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is employee equipment properly used and maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3. ACCIDENT AND INJURY TRENDS	EVALUATED	ACTION REQUIRED	CORRECTED
	Yes	No	

a. Commander's method of identifying trends? The Commander personally reviews all cases, attends all meetings and then holds a discussion with all involved parties.

(1) Are accidents and injuries being monitored to identify trends? ☒ Yes ☐ No

(2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes? ☒ Yes ☐ No

(3) Are personnel in the command aware of current and potential trends? ☒ Yes ☐ No

b. What corrective action has the command taken when a trend has been identified? The issues are discussed among the command staff and decisions and actions are disseminated to the field troops.

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(1) Are commanders, managers, and supervisors actively implementing corrective actions?

☒ Yes ☐ No

**4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)**

EVALUATED  
Yes

ACTION REQUIRED  
No

CORRECTED

a. What is the composition of the COSC? Area Commander, sergeant, ASM, Road Officer, Office Supervisor and maintenance worker.

(1) Is there representation from each collective bargaining unit?

☒ Yes ☐ No

(2) Management and supervisory representation?

☒ Yes ☐ No

(3) Command Safety Coordinator assigned?

☒ Yes ☐ No

(4) Command Safety Coordinator active and effective?

☒ Yes ☐ No

(5) Are committee assignments rotated?

☒ Yes ☐ No

(6) COSC meetings held quarterly?

☒ Yes ☐ No

(7) Are meetings held more frequently when goals are not being attained?

☐ Yes ☒ No

(8) Do all committee members attend the meetings?

☒ Yes ☐ No

b. Are roles and responsibilities defined in accordance with IIPP?

☒ Yes ☐ No

(1) Do committee members understand their roles and responsibilities?

☒ Yes ☐ No

(2) Is an agenda prepared prior to the meeting?

☒ Yes ☐ No

(3) Are departmental and Division Occupational Safety meetings minutes readily available?

☒ Yes ☐ No

(4) Are these minutes utilized for Area meetings?

☒ Yes ☐ No

(5) Are assignments given during Area meetings?

☒ Yes ☐ No

c. Minutes prepared for the COSC meeting?

☒ Yes ☐ No

(1) Recording secretary appointed?

☒ Yes ☐ No

(2) Minutes posted on command's Occupational Safety Board?

☒ Yes ☐ No

(3) Are minutes included in IIPP file?

☒ Yes ☐ No

(4) Minutes maintained current year, plus three? *Current in IIPP past years in Separate Binder*

☒ Yes ☐ No

(5) Minutes forwarded through channels?

☒ Yes ☐ No

d. Is the COSC effective?

☒ Yes ☐ No

(1) Are COSC recommendations clear, concise and pertinent to the command?

☒ Yes ☐ No

(2) COSC proactive to eliminate potential causes of accidents and injuries?

☒ Yes ☐ No

(3) COSC disseminate current information and training regarding health and safety issues?

☒ Yes ☐ No

e. Do all personnel receive current information regarding health and safety?

☒ Yes ☐ No

f. Are outside agency safety programs utilized as a resource?

☐ Yes ☒ No

g. Does the command maintain an effective health and safety communications system?

☒ Yes ☐ No

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(1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>5. DOCUMENTATION</b>	<b>EVALUATED</b> Yes	<b>ACTION REQUIRED</b> No
a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. OSHA 300, Log of Occupational Injury and Illnesses, utilized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are required injuries and illnesses logged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year log posted during February?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are CHP 113s, Accident and Injury Report, compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) CHP 113s and attachments processed in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the command utilize the CHP 113A, Safety Inspection Checklist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are semiannual safety inspections conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are safety hazards identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is corrective action taken within 30 days? <i>EXCEPT for Budget Items</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Measures taken to correct situation within 30 days? <i>EXCEPT Budget Items</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are the CHP 121 series thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisory comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No



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(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Safety recognition emblem summary current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copies maintained with IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>6. INJURY AND ILLNESS PREVENTION PROGRAM</b>	<b>EVALUATED</b> Yes	<b>ACTION REQUIRED</b> No
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is required documentation maintained according to policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>7. COMMUNICATION WITH DOSH</b>	<b>EVALUATED</b> Yes	<b>ACTION REQUIRED</b> No
a. Employees aware of procedures regarding DOSH inspections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Command's documents readily available for review by DOSH Compliance Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>8. HAZARDOUS SUBSTANCE PROGRAM</b>	<b>EVALUATED</b> Yes	<b>ACTION REQUIRED</b> No
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are hazardous substances identified and properly labeled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Warning signs posted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Material Safety Data Sheets readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Employees receive training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**AREA MANAGEMENT EVALUATION  
OCCUPATIONAL SAFETY**

CHP 453M (Rev. 5-06) OPI 009

(5) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Employees informed of their right to applicable medical and exposure information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>9. HAZARDOUS EXPOSURE CONTROL PROGRAMS</b>	<b>EVALUATED</b> Yes	<b>ACTION REQUIRED</b> No
<b>a. Activities identified within command that may require exposure to hazardous conditions?</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Appropriate engineering and/or administrative controls implemented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Protective equipment provided in accordance with bargaining unit agreements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Employees trained on use and maintenance of equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**AREA MANAGEMENT EVALUATION  
OCCUPATIONAL SAFETY**

CHP 453M (Rev. 5-06) OPI 009

AREA Fort Tejon Area	DIVISION Central	NUMBER 430
EVALUATED BY C. Whitty		DATE 07/16/2008

**INSTRUCTIONS:** Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No BY		COMMANDER'S REVIEW <i>[Signature]</i> LT	DATE 7-21-08
		EVALUATED CWH 7/16	ACTION REQUIRED
			CORRECTED

**1. GOALS AND ACCOMPLISHMENTS**

a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13? ☒ Yes ☐ No

(1) Are goals developed in accordance with departmental policy? ☒ Yes ☐ No

(2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals? ☒ Yes ☐ No

(3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals? ☒ Yes ☐ No

(4) Are goals appropriately categorized? ☒ Yes ☐ No

(5) Are goals realistic? ☒ Yes ☐ No

(6) Are goals consistent with departmental objectives? ☒ Yes ☐ No

(7) Is input from all levels considered before goals are established? ☒ Yes ☐ No

b. Are goals being accomplished? ☒ Yes ☐ No

(1) Accurate reporting on CHP 113, Accident and Injury Report? ☒ Yes ☐ No

(2) Are accidents increasing? ☐ Yes ☒ No

(3) Are injuries increasing? ☐ Yes ☒ No

(4) Why are they increasing/decreasing? All numbers are remaining relatively flat. 5 year average for Accidents 3.6, preventable accidents 1.4, preventable traumatic disabling injuries .4.

(5) Is CHP 113, Accident and Injury Report, posted or readily accessible? ☒ Yes ☐ No

(6) Are employees knowledgeable about goals and achievements? ☒ Yes ☐ No

(7) Are employees providing suggestions toward goal attainment? ☒ Yes ☐ No

**2. PARTICIPATION**

EVALUATED	ACTION REQUIRED	CORRECTED
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a. Commander actively involved in program? ☒ Yes ☐ No

(1) Commander active in injury/illness case management? ☒ Yes ☐ No

(2) What is the commander's attitude regarding occupational safety? The commander is very involved in the program attending both division and area meetings.

**AREA MANAGEMENT EVALUATION****OCCUPATIONAL SAFETY**

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(3) Occupational safety issues discussed at staff meetings and training days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are safety issues in the meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Commander comments regarding safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the commander ensure use of appropriate safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are managers/supervisors actively involved in the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are managers/supervisors involved in case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do they have the appropriate attitude?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are managers monitoring supervisors' progress and efforts to attain goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are supervisors monitoring employees' efforts?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do managers comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do supervisors comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do managers/supervisors ensure the use of proper safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are employees actively involved in the Occupational Safety Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees involved in their case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are employees knowledgeable about safety goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are they aware of the command's achievements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are employees practicing safety while performing their duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are employees reporting unsafe conditions and/or work practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do employees work cooperatively to minimize hazards?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do employees offer suggestions to improve occupational safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is employee equipment properly used and maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**3. ACCIDENT AND INJURY TRENDS**

EVALUATED

ACTION REQUIRED

CORRECTED

a. Commander's method of identifying trends? Commander reviews all cases, attends all meetings and talks to all involved employees.

(1) Are accidents and injuries being monitored to identify trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are personnel in the command aware of current and potential trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
What corrective action has the command taken when a trend has been identified?	Any issues are discussed with the commander and disseminated to the employees at briefings or training days.	

# AREA MANAGEMENT EVALUATION OCCUPATIONAL SAFETY

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(1) Are commanders, managers, and supervisors actively implementing corrective actions?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>I. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)</b>	<b>EVALUATED</b>	<b>ACTION REQUIRED</b>	<b>CORRECTED</b>
a. What is the composition of the COSC? Commander, sergeant, OSS1, special duty officer, auto tech, maintenance worker and field officer.			
(1) Is there representation from each collective bargaining unit?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Management and supervisory representation?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Command Safety Coordinator assigned?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Command Safety Coordinator active and effective?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are committee assignments rotated?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC meetings held quarterly?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are meetings held more frequently when goals are not being attained?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Do all committee members attend the meetings?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are roles and responsibilities defined in accordance with IIPP?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do committee members understand their roles and responsibilities?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is an agenda prepared prior to the meeting?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are departmental and Division Occupational Safety meetings minutes readily available?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are these minutes utilized for Area meetings?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are assignments given during Area meetings?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Minutes prepared for the COSC meeting?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Recording secretary appointed?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Minutes posted on command's Occupational Safety Board?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are minutes included in IIPP file?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Minutes maintained current year, plus three?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Minutes forwarded through channels?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Is the COSC effective?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are COSC recommendations clear, concise and pertinent to the command?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) COSC proactive to eliminate potential causes of accidents and injuries?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) COSC disseminate current information and training regarding health and safety issues?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all personnel receive current information regarding health and safety?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are outside agency safety programs utilized as a resource?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
g. Does the command maintain an effective health and safety communications system?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

## AREA MANAGEMENT EVALUATION

## OCCUPATIONAL SAFETY

CHP 453M (Rev. 5-06) OPI 009

(1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3. DOCUMENTATION	EVALUATED <i>CHW</i> 7/16	ACTION REQUIRED
a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. OSHA 300, Log of Occupational Injury and Illnesses, utilized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are required injuries and illnesses logged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year log posted during February?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are CHP 113s, Accident and Injury Report, compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) CHP 113s and attachments processed in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the command utilize the CHP 113A, Safety Inspection Checklist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are semiannual safety inspections conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are safety hazards identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is corrective action taken within 30 days? (NOT BUDGET ITEMS)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Measures taken to correct situation within 30 days? (NOT BUDGET ITEMS)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are the CHP 121 series thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisory comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

## AREA MANAGEMENT EVALUATION

## OCCUPATIONAL SAFETY

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(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Safety recognition emblem summary current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Copies maintained with IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>6. INJURY AND ILLNESS PREVENTION PROGRAM</b>	EVALUATED <i>C. H. W. 7/16</i>	ACTION REQUIRED	CORRECTED
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(8) Is required documentation maintained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>7. COMMUNICATION WITH DOSH</b>	EVALUATED <i>C. H. W. 7/16</i>	ACTION REQUIRED	CORRECTED
a. Employees aware of procedures regarding DOSH inspections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Command's documents readily available for review by DOSH Compliance Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>8. HAZARDOUS SUBSTANCE PROGRAM</b>	EVALUATED <i>C. H. W. 7/16</i>	ACTION REQUIRED	CORRECTED
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are hazardous substances identified and properly labeled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Warning signs posted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Material Safety Data Sheets readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Employees receive training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

**AREA MANAGEMENT EVALUATION  
OCCUPATIONAL SAFETY**

CHP 453M (Rev. 5-06) OPI 009

(5) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) Employees informed of their right to applicable medical and exposure information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>9. HAZARDOUS EXPOSURE CONTROL PROGRAMS</b>	<b>EVALUATED</b> <i>Refw 7/16</i>	<b>ACTION REQUIRED</b>	<b>CORRECTED</b>
a. Activities identified within command that may require exposure to hazardous conditions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Appropriate engineering and/or administrative controls implemented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Protective equipment provided in accordance with bargaining unit agreements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Employees trained on use and maintenance of equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	



# AREA MANAGEMENT EVALUATION OCCUPATIONAL SAFETY

CHP 453M (Rev. 5-06) OPI 009

AREA Hanford Area	DIVISION Central Division	NUMBER
EVALUATED BY Sergeant Frank Smith, ID 10376		DATE 8/23/08

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE VALUATION Normal Evaluation <input type="checkbox"/> Informal Evaluation <input checked="" type="checkbox"/>		SUSPENSE DATE
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No		COMMANDER'S REVIEW <i>[Signature]</i>
<input type="checkbox"/> Correction Report		DATE 9/20/08
BY		EVALUATED <input checked="" type="checkbox"/> ACTION REQUIRED <i>NONE</i> CORRECTED

## 1. GOALS AND ACCOMPLISHMENTS

a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13? ☒ Yes ☐ No

(1) Are goals developed in accordance with departmental policy? ☒ Yes ☐ No

(2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals? ☒ Yes ☐ No

(3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals? ☒ Yes ☐ No

(4) Are goals appropriately categorized? ☒ Yes ☐ No

(5) Are goals realistic? ☒ Yes ☐ No

(6) Are goals consistent with departmental objectives? ☒ Yes ☐ No

(7) Is input from all levels considered before goals are established? ☒ Yes ☐ No

b. Are goals being accomplished? *LAST PREVENTABLE PATROL CAR COLLISION IN 2007* ☒ Yes ☐ No

(1) Accurate reporting on CHP 113, Accident and Injury Report? ☒ Yes ☐ No

(2) Are accidents increasing? *SAME AMOUNT EACH YEAR (1)* ☐ Yes ☒ No

(3) Are injuries increasing? ☐ Yes ☒ No

(4) Why are they increasing/decreasing? *MANAGEMENT / SUPERVISION ARE ACTIVELY INVOLVED IN THE PROGRAM BY BEING PROACTIVE (DOCUMENTING OCC. SAFETY ON CHP 113's, OBSERVING / REPORTING UNSAFE PRACTICES, ETC.)*

(5) Is CHP 113, Accident and Injury Report, posted or readily accessible? ☒ Yes ☐ No

(6) Are employees knowledgeable about goals and achievements? ☒ Yes ☐ No

(7) Are employees providing suggestions toward goal attainment? ☒ Yes ☐ No

## 2. PARTICIPATION

EVALUATED <input checked="" type="checkbox"/>	ACTION REQUIRED <i>NONE</i>	CORRECTED
---	-----------------------------	-----------

a. Commander actively involved in program? ☒ Yes ☐ No

(1) Commander active in injury/illness case management? ☒ Yes ☐ No

(2) What is the commander's attitude regarding occupational safety? *THE COMMANDER TAKES AN ACTIVE ROLE IN THE AREA OCC. SAFETY PROGRAM. HE PARTICIPATES IN QUARTERLY MEETINGS, AND ENCOURAGES ALL PERSONNEL TO PRACTICE SAFETY ON AND OFF THE JOB.*

STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**AREA MANAGEMENT EVALUATION**  
**OCCUPATIONAL SAFETY**  
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(3) Occupational safety issues discussed at staff meetings and training days? ☒ Yes ☐ No

(4) Are safety issues in the meeting minutes? ☒ Yes ☐ No

(5) Commander comments regarding safety issues in performance evaluations? *WHEN NEEDED.* ☒ Yes ☐ No

(6) Does the commander ensure use of appropriate safety equipment? ☒ Yes ☐ No

b. Are managers/supervisors actively involved in the program? ☒ Yes ☐ No

(1) Are managers/supervisors involved in case management? ☒ Yes ☐ No

(2) Do they have the appropriate attitude? ☒ Yes ☐ No

(3) Are managers monitoring supervisors' progress and efforts to attain goals? ☒ Yes ☐ No

(4) Are supervisors monitoring employees' efforts? ☒ Yes ☐ No

(5) Do managers comment on safety issues in performance evaluations? ☒ Yes ☐ No

(6) Do supervisors comment on safety issues in performance evaluations? ☒ Yes ☐ No

(7) Do managers/supervisors ensure the use of proper safety equipment? ☒ Yes ☐ No

c. Are employees actively involved in the Occupational Safety Program? ☒ Yes ☐ No

(1) Are employees involved in their case management? ☒ Yes ☐ No

(2) Are employees knowledgeable about safety goals? ☒ Yes ☐ No

(3) Are they aware of the command's achievements? ☒ Yes ☐ No

(4) Are employees practicing safety while performing their duties? ☒ Yes ☐ No

(5) Are employees reporting unsafe conditions and/or work practices? ☒ Yes ☐ No

(6) Do employees work cooperatively to minimize hazards? ☒ Yes ☐ No

(7) Do employees offer suggestions to improve occupational safety? ☒ Yes ☐ No

(8) Is employee equipment properly used and maintained? ☒ Yes ☐ No

**3. ACCIDENT AND INJURY TRENDS**

EVALUATED ☒

ACTION REQUIRED *NONE*

CORRECTED

a. Commander's method of identifying trends? *COMMANDER REVIEWS ALL ACCIDENT/INJURY REPORTS, CHP 113s, OSHA 300 LOG AND THE MONTHLY REPORT ON OPEN WORKERS COMPENSATION CLAIMS TO IDENTIFY ANY TRENDS.*

(1) Are accidents and injuries being monitored to identify trends? ☒ Yes ☐ No

(2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes? ☒ Yes ☐ No

(3) Are personnel in the command aware of current and potential trends? ☒ Yes ☐ No

b. What corrective action has the command taken when a trend has been identified? *AN EMPLOYEE WAS COUNSELLED AND RECEIVED WRITTEN CONFIRMATION OF THIS COUNSELLING FOLLOWING A PREVENTABLE PATROL CAR COLLISION. (MACHADO)*

STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**AREA MANAGEMENT EVALUATION**  
**OCCUPATIONAL SAFETY**  
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(1) Are commanders, managers, and supervisors actively implementing corrective actions?

☒ Yes ☐ No

4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)

EVALUATED

✓

ACTION REQUIRED

NONE

CORRECTED

a. What is the composition of the COSC? SERGEANT (CHAIR), AREA COMMANDER, OSS I,  
AUTOMOTIVE TECH, SPECIAL DUTY OFFICER AND A  
PATROL OFFICER

(1) Is there representation from each collective bargaining unit?

☒ Yes ☐ No

(2) Management and supervisory representation?

☒ Yes ☐ No

(3) Command Safety Coordinator assigned?

☒ Yes ☐ No

(4) Command Safety Coordinator active and effective?

☒ Yes ☐ No

(5) Are committee assignments rotated?

☒ Yes ☐ No

(6) COSC meetings held quarterly?

☒ Yes ☐ No

(7) Are meetings held more frequently when goals are not being attained?

☐ Yes ☒ No

(8) Do all committee members attend the meetings?

WHEN AVAILABLE

☒ Yes ☐ No

b. Are roles and responsibilities defined in accordance with IIPP?

☒ Yes ☐ No

(1) Do committee members understand their roles and responsibilities?

☒ Yes ☐ No

(2) Is an agenda prepared prior to the meeting?

☒ Yes ☐ No

(3) Are departmental and Division Occupational Safety meetings minutes readily available?

☒ Yes ☐ No

(4) Are these minutes utilized for Area meetings?

☒ Yes ☐ No

(5) Are assignments given during Area meetings?

☒ Yes ☐ No

c. Minutes prepared for the COSC meeting?

☒ Yes ☐ No

(1) Recording secretary appointed?

CLERICAL STAFF

☒ Yes ☐ No

(2) Minutes posted on command's Occupational Safety Board?

POSTED IN COMMAND'S  
IIPP BINDER

☐ Yes ☒ No

(3) Are minutes included in IIPP file?

☒ Yes ☐ No

(4) Minutes maintained current year, plus three?

☒ Yes ☐ No

(5) Minutes forwarded through channels?

☒ Yes ☐ No

d. Is the COSC effective?

☒ Yes ☐ No

(1) Are COSC recommendations clear, concise and pertinent to the command?

☒ Yes ☐ No

(2) COSC proactive to eliminate potential causes of accidents and injuries?

☒ Yes ☐ No

(3) COSC disseminate current information and training regarding health and safety issues?

☒ Yes ☐ No

e. Do all personnel receive current information regarding health and safety?

☒ Yes ☐ No

f. Are outside agency safety programs utilized as a resource?

☐ Yes ☒ No

g. Does the command maintain an effective health and safety communications system?

☒ Yes ☐ No

STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**AREA MANAGEMENT EVALUATION**  
**OCCUPATIONAL SAFETY**  
CHP 453M (Rev. 5-06) OPI 009

- |  |   |  |
|--|---|--|
| (1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?                                      | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| (2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy?           | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| (3) Do all members of the command participate in distribution of safety and health information?            | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| (4) COSC minutes posted in a timely manner?  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| (5) Required posters prominently displayed?  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| (6) COSC maintain the Command Occupational Safety Bulletin Board?  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| <i>ASSIGNMENTS ARE ROTATED</i>   |   |  |
| (7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members? | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |

**5. DOCUMENTATION**

EVALUATED ☒

ACTION REQUIRED  
*NONE*

CORRECTED

- |   |   |                             |
|---|---|-----------------------------|
| a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>N/A - NO NON-UNIFORMED APPOINTMENTS HAVE BEEN MADE.</i>  |   |                             |
| b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>UNIFORMED PERSONNEL IN DMV PHL NOTICE PROGRAM</i>  |   |                             |
| c. OSHA 300, Log of Occupational Injury and Illnesses, utilized?  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are required injuries and illnesses logged?   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Entries made within six working days of notification of an employee injury or illness?  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Is lost-time and limited-duty documentation accurate?   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Retention according to policy?  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Readily accessible for review by Cal-OSHA?  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Previous calendar year log posted during February?  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Are CHP 113s, Accident and Injury Report, compiled accurately?   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Commander review and sign?  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) CHP 113s and attachments processed in a timely manner?  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Does the command utilize the CHP 113A, Safety Inspection Checklist?  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are semiannual safety inspections conducted?  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Are safety hazards identified?  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Is corrective action taken within 30 days?  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Measures taken to correct situation within 30 days?   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Are the CHP 121 series thoroughly and accurately completed?  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Supervisory comments in-depth, clear, and concise?  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Commander signature on appropriate forms?   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**AREA MANAGEMENT EVALUATION**  
**OCCUPATIONAL SAFETY**  
CHP 453M (Rev. 5-06) OPI 009

(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Safety recognition emblem summary current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Copies maintained with IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>6. INJURY AND ILLNESS PREVENTION PROGRAM</b>	EVALUATED <input checked="" type="checkbox"/>	ACTION REQUIRED <i>NONE</i>	CORRECTED
a. Command specific IIPP on file? <i>BRIEFING ROOM</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(8) Is required documentation maintained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>7. COMMUNICATION WITH DOSH</b>	EVALUATED <input checked="" type="checkbox"/>	ACTION REQUIRED <i>NONE</i>	CORRECTED
a. Employees aware of procedures regarding DOSH inspections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Command's documents readily available for review by DOSH Compliance Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>8. HAZARDOUS SUBSTANCE PROGRAM</b>	EVALUATED <input checked="" type="checkbox"/>	ACTION REQUIRED <i>NONE</i>	CORRECTED
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are hazardous substances identified and properly labeled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Warning signs posted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Material Safety Data Sheets readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Employees receive training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

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(5) Training documented?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Employees informed of their right to applicable medical and exposure information?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>9. HAZARDOUS EXPOSURE CONTROL PROGRAMS</b>	EVALUATED <input checked="" type="checkbox"/>	ACTION REQUIRED <i>NONE</i>	CORRECTED
a. Activities identified within command that may require exposure to hazardous conditions?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Appropriate engineering and/or administrative controls implemented?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Protective equipment provided in accordance with bargaining unit agreements?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Employees trained on use and maintenance of equipment?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Training documented?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**From:** Doug Puder  
**To:** Shelly Miller  
**Date:** 8/21/2008 9:44 AM  
**Subject:** ACTION ITEMS - 2ND QUARTER DOSC  
**Attachments:** Driving Practices.doc

Good Morning Shelly,

The following are Hanford Area's responses to a couple of the Action Items from the 2nd Quarter DOSC:

**ACTION ITEM #1:** *List any area training in 2008 during which the prevention of patrol vehicle collisions was addressed. Include the techniques discussed and/or taught to increase awareness and promote safe driving habits, as well as the dates of any driving rodeos held. Send an email outlining this training to Officer Miller at Central Division no later than September 10, 2008.*

During training days in August 2008, all officers were given training on the importance of conducting a pre-trip inspection on their assigned patrol vehicles at the beginning of their work shifts. Officers were instructed to always check the condition and pressure of the patrol vehicle's tires. They were reminded that high speed vehicle operation makes this a critical component of occupational safety. In addition to this training, the Area purchased a number of tire pressure gauges and placed them at the gasoline pump island. This will assist officers to more accurately check the pressure of their tires. We hope to make this a habit for all Area personnel.

*INCLUDED IN MEETING MINUTES  
FROM AREA TRAINING DAYS*

**ACTION ITEM #2:** *Each command shall prepare a written strategy (training/ride alongs/briefing items/any action or follow up) aimed at the reduction of preventable patrol vehicle collisions and forward that to Division NLT September 10, 2008. Commanders should be prepared to present their strategy verbally to the Committee at the third quarter DOSC meeting.*

See Attached.

**ACTION ITEM #3:** *Each area shall conduct and forward to Division a Chapter 12 inspection prior to the third quarter DOSC meeting. NLT to Division September 10, 2008. - PENDING*

**ACTION ITEM #4:** *Commanders shall ensure all uniformed employees view both videos, as well as the "Commerce Casino Shooting" video, within sixty days. Documentation that ALL uniform personnel have viewed the videos is required (memorandum to Division). - PENDING*



**M e m o r a n d u m**

Date: August 27, 2008

To: Hanford Area

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**  
Hanford Area

File No.: 440.10045.Training Day 14.doc

Subject: TRAINING DAY PRESENTATION

On August 6, 2008, and again on August 27, 2008, I made presentations to Hanford Area personnel during an Area training days. The following topics were discussed during these presentations:

- The group was thanked for their efforts to accomplish our Area's Strategic Plan goals.
- Items from the Department's budget for F/Y 2008-2009 were discussed.
- The importance of maintaining positive public and legislative support was emphasized. The best way to maintain support is to provide the highest possible level of service to the motoring public.
- Items discussed during the Central Division Area Commander's Conference on July 23-24, 2008, were reviewed.
- An overview of the Department's recent reorganization was provided.
- The importance of recruitment was again emphasized to all personnel.
- Officers were reminded to conduct a pre-trip inspection on their assigned patrol vehicles at the beginning of their work shift. Officers should always check the condition and pressure of the patrol vehicle's tires. High speed operation makes this a critical component of occupational safety.
- The group was briefed on the current status of the 3/12 Alternate Work Week (AWW) program. As part of the meet-and-confer process, a group discussion ensued and several suggestions/concerns were raised. Responses to each suggestion/concern were made to all Area personnel via e-mail.



D. M. PUDEK, Lieutenant  
Commander



**M e m o r a n d u m**

Date: August 21, 2008

To: Hanford Area

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**  
Hanford Area

File No.: 440.10045.Driving Practices.doc

Subject: SUPERVISORY ASSESSMENT OF OFFICER'S DRIVING PRACTICES

During Central Division's 2<sup>nd</sup> Quarter Division Occupational Safety Committee (DOSC) meeting, all Areas were directed to prepare a written strategy aimed at the reduction of preventable patrol vehicle collisions within their respective commands. This plan has been prepared pursuant to that direction and in the hopes of preventing patrol vehicle collisions as well as injuries to our employees.

All Area supervisors shall monitor the on-duty driving habits and practices of all Area personnel. This can be done during supervisory ride-alongs and while performing normal patrol operations. Our geographical area and number of employees is small enough to allow for a fairly good supervisory assessment of each employee's driving habits and practices. Each of you shall attempt to identify any driving practices which are potentially unsafe and immediately address those issues with the appropriate employee. Follow-up action in the form of additional training, commentary driving or documentation should be performed if deemed appropriate by the supervisor. Please refer any questions about this matter to me.



D. M. PUDE, Lieutenant  
Commander

*Safety, Service, and Security*

**AREA MANAGEMENT EVALUATION  
OCCUPATIONAL SAFETY**

CHP 453M (Rev. 5-06) OPI 009

AREA Mariposa	DIVISION Central	NUMBER 455
EVALUATED BY Byran Wm. Duncan, CHP SGT #10709		DATE 08/10/2008

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE 08/11/2008
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Correction Report BY _____	COMMANDER'S REVIEW D. J. Price, Lt. #9628 <i>D. J. Price</i> DATE 08/11/2008
1. GOALS AND ACCOMPLISHMENTS		EVALUATED 08/10/2008    ACTION REQUIRED CORRECTED

- a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13? ☒ Yes    ☐ No
- (1) Are goals developed in accordance with departmental policy? ☒ Yes    ☐ No
- (2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals? ☒ Yes    ☐ No
- (3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals? ☒ Yes    ☐ No
- (4) Are goals appropriately categorized? ☒ Yes    ☐ No
- (5) Are goals realistic? ☒ Yes    ☐ No
- (6) Are goals consistent with departmental objectives? ☒ Yes    ☐ No
- (7) Is input from all levels considered before goals are established? ☒ Yes    ☐ No
- b. Are goals being accomplished? ☒ Yes    ☐ No
- (1) Accurate reporting on CHP 113, Accident and Injury Report? ☒ Yes    ☐ No
- (2) Are accidents increasing? ☐ Yes    ☒ No
- (3) Are injuries increasing? ☐ Yes    ☒ No
- (4) Why are they increasing/decreasing?    The Area has a very active Occupational Safety Program with regular meetings and follow up on actions items that reduce injury potentials.

(5) Is CHP 113, Accident and Injury Report, posted or readily accessible?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(6) Are employees knowledgeable about goals and achievements?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(7) Are employees providing suggestions toward goal attainment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. PARTICIPATION	EVALUATED 08/10/2008    ACTION REQUIRED CORRECTED

- a. Commander actively involved in program? ☒ Yes    ☐ No
- (1) Commander active in injury/illness case management? ☒ Yes    ☐ No
- (2) What is the commander's attitude regarding occupational safety?    Very pro occupational safety - preventing things that may cause injury and keeping the command informed.

# AREA MANAGEMENT EVALUATION OCCUPATIONAL SAFETY

CHP 453M (Rev. 5-06) OPI 009

(3) Occupational safety issues discussed at staff meetings and training days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are safety issues in the meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Commander comments regarding safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the commander ensure use of appropriate safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are managers/supervisors actively involved in the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are managers/supervisors involved in case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do they have the appropriate attitude?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are managers monitoring supervisors' progress and efforts to attain goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are supervisors monitoring employees' efforts?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do managers comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do supervisors comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do managers/supervisors ensure the use of proper safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are employees actively involved in the Occupational Safety Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees involved in their case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are employees knowledgeable about safety goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are they aware of the command's achievements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are employees practicing safety while performing their duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are employees reporting unsafe conditions and/or work practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do employees work cooperatively to minimize hazards?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do employees offer suggestions to improve occupational safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is employee equipment properly used and maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3. ACCIDENT AND INJURY TRENDS	EVALUATED	ACTION REQUIRED	CORRECTED
	08/10/2008		

a. Commander's method of identifying trends? The commander relies on his own observations and input from his supervisors / other sources. The commander then makes an educated decision of identifying trends. The commander then acts upon these decisions to curtail the trends.

(1) Are accidents and injuries being monitored to identify trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are personnel in the command aware of current and potential trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

b. What corrective action has the command taken when a trend has been identified? The commander directs supervisors to take appropriate actions through briefing items, counseling, mitigating the hazard, etc..

# AREA MANAGEMENT EVALUATION OCCUPATIONAL SAFETY

CHP 453M (Rev. 5-06) OPI 009

(1) Are commanders, managers, and supervisors actively implementing corrective actions?

☒ Yes ☐ No

## 4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)

EVALUATED  
08/10/2008

ACTION REQUIRED

CORRECTED

a. What is the composition of the COSC? The commander, 3 supervisor/sergeants, the OSS-1, the auto technician, the maintenance engineer and a field officer.

(1) Is there representation from each collective bargaining unit?

☒ Yes ☐ No

(2) Management and supervisory representation?

☒ Yes ☐ No

(3) Command Safety Coordinator assigned?

☒ Yes ☐ No

(4) Command Safety Coordinator active and effective?

☒ Yes ☐ No

(5) Are committee assignments rotated?

☒ Yes ☐ No

(6) COSC meetings held quarterly?

☒ Yes ☐ No

(7) Are meetings held more frequently when goals are not being attained?

☒ Yes ☐ No

(8) Do all committee members attend the meetings?

☒ Yes ☐ No

b. Are roles and responsibilities defined in accordance with IIPP?

☒ Yes ☐ No

(1) Do committee members understand their roles and responsibilities?

☒ Yes ☐ No

(2) Is an agenda prepared prior to the meeting?

☒ Yes ☐ No

(3) Are departmental and Division Occupational Safety meetings minutes readily available?

☒ Yes ☐ No

(4) Are these minutes utilized for Area meetings?

☒ Yes ☐ No

(5) Are assignments given during Area meetings?

☒ Yes ☐ No

c. Minutes prepared for the COSC meeting?

☒ Yes ☐ No

(1) Recording secretary appointed?

☒ Yes ☐ No

(2) Minutes posted on command's Occupational Safety Board?

☒ Yes ☐ No

(3) Are minutes included in IIPP file?

☒ Yes ☐ No

(4) Minutes maintained current year, plus three?

☒ Yes ☐ No

(5) Minutes forwarded through channels?

☒ Yes ☐ No

d. Is the COSC effective?

☒ Yes ☐ No

(1) Are COSC recommendations clear, concise and pertinent to the command?

☒ Yes ☐ No

(2) COSC proactive to eliminate potential causes of accidents and injuries?

☒ Yes ☐ No

(3) COSC disseminate current information and training regarding health and safety issues?

☒ Yes ☐ No

e. Do all personnel receive current information regarding health and safety?

☒ Yes ☐ No

f. Are outside agency safety programs utilized as a resource?

☒ Yes ☐ No

g. Does the command maintain an effective health and safety communications system?

☒ Yes ☐ No

# **AREA MANAGEMENT EVALUATION OCCUPATIONAL SAFETY**

CHP 453M (Rev. 5-06) OPI 009

(1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>5. DOCUMENTATION</b>	EVALUATED 08/10/2008	ACTION REQUIRED
a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. OSHA 300, Log of Occupational Injury and Illnesses, utilized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are required injuries and illnesses logged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year log posted during February?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are CHP 113s, Accident and Injury Report, compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) CHP 113s and attachments processed in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the command utilize the CHP 113A, Safety Inspection Checklist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are semiannual safety inspections conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are safety hazards identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is corrective action taken within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Measures taken to correct situation within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are the CHP 121 series thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisory comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**AREA MANAGEMENT EVALUATION  
OCCUPATIONAL SAFETY**

CHP 453M (Rev. 5-06) OPI 009

(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Safety recognition emblem summary current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Copies maintained with IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>6. INJURY AND ILLNESS PREVENTION PROGRAM</b>	EVALUATED 08/10/2008	ACTION REQUIRED	CORRECTED
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(8) Is required documentation maintained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>7. COMMUNICATION WITH DOSH</b>	EVALUATED 08/10/2008	ACTION REQUIRED	CORRECTED
a. Employees aware of procedures regarding DOSH inspections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Command's documents readily available for review by DOSH Compliance Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>8. HAZARDOUS SUBSTANCE PROGRAM</b>	EVALUATED 08/10/2008	ACTION REQUIRED	CORRECTED
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are hazardous substances identified and properly labeled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Warning signs posted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Material Safety Data Sheets readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Employees receive training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

(5) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Employees informed of their right to applicable medical and exposure information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>9. HAZARDOUS EXPOSURE CONTROL PROGRAMS</b>	<b>EVALUATED</b> 08/10/2008	<b>ACTION REQUIRED</b>  <b>CORRECTED</b>
a. Activities identified within command that may require exposure to hazardous conditions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Appropriate engineering and/or administrative controls implemented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Protective equipment provided in accordance with bargaining unit agreements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Employees trained on use and maintenance of equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

6) Injury and Illness Prevention Program: the four current IIPP labeled red binders are located in the commander's office (bookshelf), the OSS-I's office (bookshelf behind desk), the sergeant's office (bookcase, immediately upon entry) and the podium shelf in the briefing room.




**AREA MANAGEMENT EVALUATION  
OCCUPATIONAL SAFETY**

CHP 453M (Rev. 5-06) OPI 009

AREA Oakhurst Area - 456	DIVISION Central Division	NUMBER <i>Chapter 12</i>
EVALUATED BY T. Spino		DATE 09/25/2008

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE 10/02/2008	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Correction Report BY _____ 	DATE <i>12/1/08</i>

**1. GOALS AND ACCOMPLISHMENTS**

EVALUATED Yes	ACTION REQUIRED No	CORRECTED
------------------	-----------------------	-----------

a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13? ☒ Yes    ☐ No

(1) Are goals developed in accordance with departmental policy? ☒ Yes    ☐ No

(2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals? ☒ Yes    ☐ No

(3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals? ☒ Yes    ☐ No

(4) Are goals appropriately categorized? ☒ Yes    ☐ No

(5) Are goals realistic? ☒ Yes    ☐ No

(6) Are goals consistent with departmental objectives? ☒ Yes    ☐ No

(7) Is input from all levels considered before goals are established? ☒ Yes    ☐ No

b. Are goals being accomplished? ☐ Yes    ☒ No

(1) Accurate reporting on CHP 113, Accident and Injury Report? ☒ Yes    ☐ No

(2) Are accidents increasing? ☒ Yes    ☐ No

(3) Are injuries increasing? ☐ Yes    ☒ No

(4) Why are they increasing/decreasing?

(5) Is CHP 113, Accident and Injury Report, posted or readily accessible? ☐ Yes    ☒ No

(6) Are employees knowledgeable about goals and achievements? ☒ Yes    ☐ No

(7) Are employees providing suggestions toward goal attainment? ☒ Yes    ☐ No

**2. PARTICIPATION**

EVALUATED Yes	ACTION REQUIRED No	CORRECTED
------------------	-----------------------	-----------

a. Commander actively involved in program? ☒ Yes    ☐ No

(1) Commander active in injury/illness case management? ☒ Yes    ☐ No

(2) What is the commander's attitude regarding occupational safety? Aggressive to correct any known occupational safety hazards and issues and pro-active the Area's program.



**AREA MANAGEMENT EVALUATION  
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(3) Occupational safety issues discussed at staff meetings and training days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are safety issues in the meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Commander comments regarding safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the commander ensure use of appropriate safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are managers/supervisors actively involved in the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are managers/supervisors involved in case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do they have the appropriate attitude?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are managers monitoring supervisors' progress and efforts to attain goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are supervisors monitoring employees' efforts?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do managers comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do supervisors comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do managers/supervisors ensure the use of proper safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are employees actively involved in the Occupational Safety Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees involved in their case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are employees knowledgeable about safety goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are they aware of the command's achievements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are employees practicing safety while performing their duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are employees reporting unsafe conditions and/or work practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do employees work cooperatively to minimize hazards?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do employees offer suggestions to improve occupational safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is employee equipment properly used and maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3. ACCIDENT AND INJURY TRENDS	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Commander's method of identifying trends?	Reviews CHP 121s, 208s, and STD 270s submitted by personnel. No current injury trends identified, but command has identified a possible trend with patrol vehicle accidents occurring while backing.		
(1) Are accidents and injuries being monitored to identify trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Are personnel in the command aware of current and potential trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. What corrective action has the command taken when a trend has been identified?	Command has scheduled to conduct a vehicle rodeo during their fourth quarter training days.		

# **AREA MANAGEMENT EVALUATION** **OCCUPATIONAL SAFETY**

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(1) Are commanders, managers, and supervisors actively implementing corrective actions?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)</b>	EVALUATED Yes	ACTION REQUIRED	CORRECTED
a. What is the composition of the COSC? 1 lieutenant, 2 sergeants, 3 officers, 1 office technician, 1 automotive technician.			
(1) Is there representation from each collective bargaining unit?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Management and supervisory representation?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Command Safety Coordinator assigned?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Command Safety Coordinator active and effective?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are committee assignments rotated?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC meetings held quarterly?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are meetings held more frequently when goals are not being attained?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(8) Do all committee members attend the meetings?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are roles and responsibilities defined in accordance with IIPP?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do committee members understand their roles and responsibilities?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is an agenda prepared prior to the meeting?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are departmental and Division Occupational Safety meetings minutes readily available?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are these minutes utilized for Area meetings?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are assignments given during Area meetings?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Minutes prepared for the COSC meeting?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Recording secretary appointed?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Minutes posted on command's Occupational Safety Board?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are minutes included in IIPP file?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Minutes maintained current year, plus three?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Minutes forwarded through channels?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Is the COSC effective?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are COSC recommendations clear, concise and pertinent to the command?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) COSC proactive to eliminate potential causes of accidents and injuries?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) COSC disseminate current information and training regarding health and safety issues?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all personnel receive current information regarding health and safety?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are outside agency safety programs utilized as a resource?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Does the command maintain an effective health and safety communications system?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

# **AREA MANAGEMENT EVALUATION** **OCCUPATIONAL SAFETY**

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(1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>5. DOCUMENTATION</b>	<b>EVALUATED</b> Yes	<b>ACTION REQUIRED</b> Yes
a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. OSHA 300, Log of Occupational Injury and Illnesses, utilized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are required injuries and illnesses logged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year log posted during February?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are CHP 113s, Accident and Injury Report, compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) CHP 113s and attachments processed in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the command utilize the CHP 113A, Safety Inspection Checklist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are semiannual safety inspections conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are safety hazards identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is corrective action taken within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Measures taken to correct situation within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are the CHP 121 series thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisory comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

# **AREA MANAGEMENT EVALUATION OCCUPATIONAL SAFETY**

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(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Safety recognition emblem summary current?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Copies maintained with IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>6. INJURY AND ILLNESS PREVENTION PROGRAM</b>	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(8) Is required documentation maintained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>7. COMMUNICATION WITH DOSH</b>	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Employees aware of procedures regarding DOSH inspections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Command's documents readily available for review by DOSH Compliance Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>8. HAZARDOUS SUBSTANCE PROGRAM</b>	EVALUATED Yes	ACTION REQUIRED Yes	CORRECTED
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(1) Are hazardous substances identified and properly labeled?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(2) Warning signs posted?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(3) Material Safety Data Sheets readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Employees receive training?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

**AREA MANAGEMENT EVALUATION  
OCCUPATIONAL SAFETY**

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(5) Training documented?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(6) Employees informed of their right to applicable medical and exposure information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>9. HAZARDOUS EXPOSURE CONTROL PROGRAMS</b>	<b>EVALUATED</b> Yes	<b>ACTION REQUIRED</b> No	<b>CORRECTED</b>
a. Activities identified within command that may require exposure to hazardous conditions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Appropriate engineering and/or administrative controls implemented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Protective equipment provided in accordance with bargaining unit agreements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Employees trained on use and maintenance of equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

**SUMMARY OF AUDIT:**

**Category #5 (Documentation)**

The Area has identified several occupational safety issues on the draft copy of a CHP 113A that appears to have been completed just prior to their last occupational safety meeting in August, 2008. Out of the five issues addressed, only one has yet to be corrected. The cost to fix the remaining issue is substantial and due to the necessary process to procure the funding, it will require more than 30 days correct.

The random review of two CHP 442s revealed the summary of safety recognition on both forms were not current even though the employee's annual evaluations were current. This information was brought to the attention of the command to disseminate to the Area's supervisors.

**Category #8 (Hazardous Substance Program)**

Area currently does not have a written Hazardous Substance Program on file, or warning signs on cabinets containing hazardous substances. This was brought to the attention of the commander who was going develop the plan.

The Area recently hired an automotive technician who has been scheduled to attend the next available FRO class.

**AREA MANAGEMENT EVALUATION  
OCCUPATIONAL SAFETY**

CHP 453M (Rev. 5-06) OPI 009

AREA Merced	DIVISION Central	NUMBER
EVALUATED BY G. R. Lamerson, Sergeant		DATE 07/25/2008

**INSTRUCTIONS:** Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		BY	
<input type="checkbox"/> Correction Report		COMMANDER'S REVIEW S. Badilla <i>[Signature]</i>	
		DATE 8/2/08	
1. GOALS AND ACCOMPLISHMENTS		EVALUATED Yes	ACTION REQUIRED Yes

- |   |   |  |
|---|---|--|
| a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13?  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| (1) Are goals developed in accordance with departmental policy?   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| (2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals?  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| (3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals?   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| (4) Are goals appropriately categorized?  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| (5) Are goals realistic?  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| (6) Are goals consistent with departmental objectives?  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| (7) Is input from all levels considered before goals are established?   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| b. Are goals being accomplished?  | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| (1) Accurate reporting on CHP 113, Accident and Injury Report?  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| (2) Are accidents increasing?   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| (3) Are injuries increasing?  | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| (4) Why are they increasing/decreasing? <i>Accidents are increasing due to the failure of individual officers to be attentive to emergency vehicle operations. — increased training, positive items will be accomplished to increase awareness program.</i> |   |  |
| (5) Is CHP 113, Accident and Injury Report, posted or readily accessible?   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| (6) Are employees knowledgeable about goals and achievements?   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| (7) Are employees providing suggestions toward goal attainment?   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |

**2. PARTICIPATION**

EVALUATED Yes	ACTION REQUIRED No	CORRECTED
------------------	-----------------------	-----------

- |  |   |                             |
|--|---|-----------------------------|
| a. Commander actively involved in program?   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Commander active in injury/illness case management?  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) What is the commander's attitude regarding occupational safety? <i>The Area Commander places a high emphasis on occupational safety and routinely participates in the COSC meetings.</i> |   |                             |

## AREA MANAGEMENT EVALUATION

## OCCUPATIONAL SAFETY

CHP 453M (Rev. 5-06) OPI 009

(1) Are commanders, managers, and supervisors actively implementing corrective actions?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)</b>	EVALUATED Yes	ACTION REQUIRED Yes	CORRECTED
a. What is the composition of the COSC? The COSC includes representatives from the following sectors: Management, Supervisory, Facilities Coordinator, Field Officers, Special Duty Officers, Communications Personnel, Clerical Personnel, Custodians and Auto Technician.			
(1) Is there representation from each collective bargaining unit?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Management and supervisory representation?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Command Safety Coordinator assigned?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Command Safety Coordinator active and effective?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are committee assignments rotated?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC meetings held quarterly?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are meetings held more frequently when goals are not being attained?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(8) Do all committee members attend the meetings?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are roles and responsibilities defined in accordance with IIPP?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do committee members understand their roles and responsibilities?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is an agenda prepared prior to the meeting?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are departmental and Division Occupational Safety meetings minutes readily available?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are these minutes utilized for Area meetings?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are assignments given during Area meetings?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Minutes prepared for the COSC meeting?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Recording secretary appointed?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Minutes posted on command's Occupational Safety Board?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are minutes included in IIPP file?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Minutes maintained current year, plus three?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Minutes forwarded through channels?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Is the COSC effective?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are COSC recommendations clear, concise and pertinent to the command?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) COSC proactive to eliminate potential causes of accidents and injuries?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) COSC disseminate current information and training regarding health and safety issues?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all personnel receive current information regarding health and safety?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are outside agency safety programs utilized as a resource?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Does the command maintain an effective health and safety communications system?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

STATE OF CALIFORNIA  
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**AREA MANAGEMENT EVALUATION**  
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(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Safety recognition emblem summary current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Copies maintained with IIPP file?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<b>6. INJURY AND ILLNESS PREVENTION PROGRAM</b>	<b>EVALUATED</b> Yes	<b>ACTION REQUIRED</b> No	<b>CORRECTED</b>
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(8) Is required documentation maintained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>7. COMMUNICATION WITH DOSH</b>	<b>EVALUATED</b> Yes	<b>ACTION REQUIRED</b> Yes	<b>CORRECTED</b>
a. Employees aware of procedures regarding DOSH inspections?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b. Command's documents readily available for review by DOSH Compliance Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>8. HAZARDOUS SUBSTANCE PROGRAM</b>	<b>EVALUATED</b> Yes	<b>ACTION REQUIRED</b> No	<b>CORRECTED</b>
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are hazardous substances identified and properly labeled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Warning signs posted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Material Safety Data Sheets readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Employees receive training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	



**M e m o r a n d u m**

Date: August 11, 2008

To: Merced Area

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**  
Merced Area

File No.: 460.10533.12344

Subject: CHAPTER 12 - OCCUPATIONAL SAFETY EVALUATION

On July 25, 2008, an Area Management Evaluation was completed at the Merced Area which focused on the Area's Occupational Safety program. After the informal evaluation was completed, the following items requiring corrective action were noted.

1) **GOALS AND ACCOMPLISHMENTS:** *Action Required*

b. Area goals are not being accomplished due to an increase in patrol vehicle preventable collisions. All other goals are being met.

b. (4) Area accidents have exceeded goals set for 2008. Currently, Merced Area has experienced three preventable patrol vehicle collisions. This exceeds Area's established goal by one collision. Area's goal for 2008 preventable collisions is two.

Action Item: In addition to the driver training awareness topic during mandated quarterly decentralized training, Area will add patrol vehicle operations and patrol vehicle safety during all scheduled training days. Additionally, field supervisors will continue to provide commentary driving during supervisory ride longs as deemed necessary.

2) **PARTICIPATION:** *No Action Required*

3) **ACCIDENT AND INJURY TRENDS:** *Action Required*

a. (2) The Command Occupational Safety Committee has not been reviewing the CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses entries.

Action Item: The Command Occupational Safety will begin to review these items prior to quarterly meetings.

4) **COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC):**

*Action Needed*

- a. (7) The COSC currently meets quarterly and has not increased meeting frequency.

Action Item: The COSC will increase the frequency of meetings during times of recognized upward trends involving injuries or accidents. This will provide a quick response with recommendations of necessary action to mitigate further incidents.

5) **DOCUMENTATION:** *Action Needed*

- j. (2) Specific safety training is kept electronically by the Area training coordinator utilizing the Office Training System (OTS). This information is stored on the Area database and is readily available for review.

Action Item: Specific safety training will be documented on the employees CHP 712/712A in addition to maintaining the information in the employees personnel folder as specified on the CHP 137C – Field Personnel Folder Review.

6) **INJURY AND ILLNESS PREVENTION PROGRAM:** *No Action Needed*

7) **COMMUNICATION WITH DOSH:** *Action Needed*

- a. A random sampling of employees provided the need for training regarding procedures during a DOSH inspection.

Action Item: All employees will be briefed on procedures regarding DOSH inspections during training days or individual training.

8) **HAZARDOUS SUBSTANCE PROGRAM:** *No Action Needed*

9) **HAZARDOUS EXPOSURE CONTROL PROGRAMS:** *No Action Needed*

Merced Area  
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August 11, 2008

Corrective action or action steps will be taken **as specified in this memorandum under "Action Items"** of each heading. The corrective action **or action steps will be completed within 30 days** of this memorandum.



G. R. LAMERSON, Sergeant  
Occupational Safety Coordinator

**AREA MANAGEMENT EVALUATION  
OCCUPATIONAL SAFETY**

CHP 453M (Rev. 5-06) OPI 009

AREA <b>461</b>	DIVISION <b>CENTRAL</b>	NUMBER <b>401</b>
EVALUATED BY <b>K. SMITH</b>		DATE <b>10/1/08</b>

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE <b>12/3/08</b>
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No		COMMANDER'S REVIEW <b>WBAK LT.</b>
<input type="checkbox"/> Correction Report BY _____		DATE <b>10/20/08</b>
1. GOALS AND ACCOMPLISHMENTS		EVALUATED <input checked="" type="checkbox"/> ACTION REQUIRED _____ CORRECTED _____

a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13?

- |  |   |
|--|---|
| (1) Are goals developed in accordance with departmental policy?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals?            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (4) Are goals appropriately categorized?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (5) Are goals realistic?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (6) Are goals consistent with departmental objectives?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (7) Is input from all levels considered before goals are established?                                      | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

b. Are goals being accomplished?

- |  |   |
|--|---|
| (1) Accurate reporting on CHP 113, Accident and Injury Report? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) Are accidents increasing?                                  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (3) Are injuries increasing?                                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| (4) Why are they increasing/decreasing?                        | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

- |   |   |
|---|---|
| (5) Is CHP 113, Accident and Injury Report, posted or readily accessible? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (6) Are employees knowledgeable about goals and achievements?             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (7) Are employees providing suggestions toward goal attainment?           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

**PARTICIPATION**

a. Commander actively involved in program?

- |   |   |
|---|---|
| (1) Commander active in injury/illness case management?             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) What is the commander's attitude regarding occupational safety? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

**TOP PRIORITY**

STATE OF CALIFORNIA  
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**AREA MANAGEMENT EVALUATION**  
**OCCUPATIONAL SAFETY**  
CHP 453M (Rev. 5-06) OPI 009

(3) Occupational safety issues discussed at staff meetings and training days? ☒ Yes ☐ No

(4) Are safety issues in the meeting minutes? ☒ Yes ☐ No

(5) Commander comments regarding safety issues in performance evaluations? ☒ Yes ☐ No

(6) Does the commander ensure use of appropriate safety equipment? ☒ Yes ☐ No

b. Are managers/supervisors actively involved in the program? ☒ Yes ☐ No

(1) Are managers/supervisors involved in case management? ☒ Yes ☐ No

(2) Do they have the appropriate attitude? ☒ Yes ☐ No

(3) Are managers monitoring supervisors' progress and efforts to attain goals? ☒ Yes ☐ No

(4) Are supervisors monitoring employees' efforts? ☒ Yes ☐ No

(5) Do managers comment on safety issues in performance evaluations? ☒ Yes ☐ No

(6) Do supervisors comment on safety issues in performance evaluations? ☒ Yes ☐ No

(7) Do managers/supervisors ensure the use of proper safety equipment? ☒ Yes ☐ No

c. Are employees actively involved in the Occupational Safety Program? ☒ Yes ☐ No

(1) Are employees involved in their case management? ☒ Yes ☐ No

(2) Are employees knowledgeable about safety goals? ☒ Yes ☐ No

(3) Are they aware of the command's achievements? ☒ Yes ☐ No

(4) Are employees practicing safety while performing their duties? ☒ Yes ☐ No

(5) Are employees reporting unsafe conditions and/or work practices? ☒ Yes ☐ No

(6) Do employees work cooperatively to minimize hazards? ☒ Yes ☐ No

(7) Do employees offer suggestions to improve occupational safety? ☒ Yes ☐ No

(8) Is employee equipment properly used and maintained? ☒ Yes ☐ No

**3. ACCIDENT AND INJURY TRENDS**

EVALUATED

ACTION REQUIRED

CORRECTED

a. Commander's method of identifying trends?

*PIN MAPS, SWITRS REPORTS, TRIC-FILMS,*

(1) Are accidents and injuries being monitored to identify trends? ☒ Yes ☐ No

(2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes? ☒ Yes ☐ No

(3) Are personnel in the command aware of current and potential trends? ☒ Yes ☐ No

b. What corrective action has the command taken when a trend has been identified?

*NO TRENDS IDENTIFIED TO DATE.*

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(1) Are commanders, managers, and supervisors actively implementing corrective actions?

☒ Yes ☐ No

**4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)**

EVALUATED

X

ACTION REQUIRED

CORRECTED

a. What is the composition of the COSC?

COMMANDER, COSC SERGEANT, CLERICAL SUPERVISOR, SPECIAL DUTY OFFICER,  
ASM, JANITOR, PATROL OFFICER

(1) Is there representation from each collective bargaining unit?

☒ Yes ☐ No

(2) Management and supervisory representation?

☒ Yes ☐ No

(3) Command Safety Coordinator assigned?

☒ Yes ☐ No

(4) Command Safety Coordinator active and effective?

☒ Yes ☐ No

(5) Are committee assignments rotated?

☒ Yes ☐ No

(6) COSC meetings held quarterly?

☒ Yes ☐ No

(7) Are meetings held more frequently when goals are not being attained?

☒ Yes ☐ No

(8) Do all committee members attend the meetings?

☒ Yes ☐ No

b. Are roles and responsibilities defined in accordance with IIPP?

☒ Yes ☐ No

(1) Do committee members understand their roles and responsibilities?

☒ Yes ☐ No

(2) Is an agenda prepared prior to the meeting?

☒ Yes ☐ No

(3) Are departmental and Division Occupational Safety meetings minutes readily available?

☒ Yes ☐ No

(4) Are these minutes utilized for Area meetings?

☒ Yes ☐ No

(5) Are assignments given during Area meetings?

☒ Yes ☐ No

c. Minutes prepared for the COSC meeting?

☒ Yes ☐ No

(1) Recording secretary appointed?

☒ Yes ☐ No

(2) Minutes posted on command's Occupational Safety Board?

☒ Yes ☐ No

(3) Are minutes included in IIPP file?

☒ Yes ☐ No

(4) Minutes maintained current year, plus three?

☒ Yes ☐ No

(5) Minutes forwarded through channels?

☒ Yes ☐ No

d. Is the COSC effective?

☒ Yes ☐ No

(1) Are COSC recommendations clear, concise and pertinent to the command?

☒ Yes ☐ No

(2) COSC proactive to eliminate potential causes of accidents and injuries?

☒ Yes ☐ No

(3) COSC disseminate current information and training regarding health and safety issues?

☒ Yes ☐ No

e. Do all personnel receive current information regarding health and safety?

☒ Yes ☐ No

f. Are outside agency safety programs utilized as a resource?

☒ Yes ☐ No

g. Does the command maintain an effective health and safety communications system?

☒ Yes ☐ No

# AREA MANAGEMENT EVALUATION OCCUPATIONAL SAFETY

CHP 453M (Rev. 5-06) OPI 009

(1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>5. DOCUMENTATION</b>	EVALUATED <input checked="" type="checkbox"/>	ACTION REQUIRED <input type="checkbox"/> CORRECTED <input type="checkbox"/>
a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. OSHA 300, Log of Occupational Injury and Illnesses, utilized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are required injuries and illnesses logged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year log posted during February?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are CHP 113s, Accident and Injury Report, compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) CHP 113s and attachments processed in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the command utilize the CHP 113A, Safety Inspection Checklist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are semiannual safety inspections conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are safety hazards identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is corrective action taken within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Measures taken to correct situation within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are the CHP 121 series thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisory comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(3) Routed within time frames?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisor comments in-depth, clear, and concise?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander review?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Commander signs appropriate form?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Properly routed within time limits?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Safety recognition emblem summary current?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copies maintained with IIPP file?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>6. INJURY AND ILLNESS PREVENTION PROGRAM</b>	EVALUATED	ACTION REQUIRED	CORRECTED
a. Command specific IIPP on file?	X		
(1) Is the program effective?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Contains all required documents?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Discussed with all employees?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(4) All employees understand their roles and responsibilities?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(8) Is required documentation maintained according to policy?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>7. COMMUNICATION WITH DOSH</b>	EVALUATED	ACTION REQUIRED	CORRECTED
a. Employees aware of procedures regarding DOSH inspections?	X		
b. Command's documents readily available for review by DOSH Compliance Officer?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>8. HAZARDOUS SUBSTANCE PROGRAM</b>	EVALUATED	ACTION REQUIRED	CORRECTED
a. Does command have a written Hazardous Substance Program for substances used within that command?	X		
(1) Are hazardous substances identified and properly labeled?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Warning signs posted?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Material Safety Data Sheets readily available?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(4) Employees receive training?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



## AREA MANAGEMENT EVALUATION

## OCCUPATIONAL SAFETY

CHP 453M (Rev. 5-06) OPI 009

(5) Training documented?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Employees informed of their right to applicable medical and exposure information?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
9. HAZARDOUS EXPOSURE CONTROL PROGRAMS	EVALUATED <b>X</b>	ACTION REQUIRED	CORRECTED
a. Activities identified within command that may require exposure to hazardous conditions?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Appropriate engineering and/or administrative controls implemented?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Protective equipment provided in accordance with bargaining unit agreements?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Employees trained on use and maintenance of equipment?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Training documented?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

5 (B) AREA DOES NOT USE THE DMV INF 254 D.L. RECORD INFORMATION TO CONFIRM D.L. BEING VALID. AREA RELIES ON STATE WIDE PULL NOTICE AND SUPERVISORS VERIFY A CURRENT DRIVER'S LIC. WITH EMPLOYEE AT THE TIME OF THEIR YEARLY EVAL.

**Department of California Highway Patrol**  
**AREA MANAGEMENT EVALUATION**  
 Chapter 12  
 OCCUPATIONAL SAFETY

Area  
464

Division  
401

Number

Evaluated By Sgt. Dave Wymore

Date 08/07/08

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed in the Summary Statement. The Summary Statement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Summary can be handwritten if desired.

Type of Evaluation

☐ Formal

☒ Informal

Suspense Date

Follow-up Required

☒ Yes ☐ No

☐ Correction Report  
by \_\_\_\_\_

*C. F. Wymore*

✓ Commander's Review

Date *8/26/08*

**1. GOALS AND ACCOMPLISHMENTS**

Evaluated

☒

Action Required

☐

Corrected

☐

a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Chapter 13?

☒ Yes ☐ No

(1) Are goals developed in accordance with departmental policy?

☒ Yes ☐ No

(2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals?

☒ Yes ☐ No

(3) Are illnesses and non-serious/non-traumatic injuries excluded from occupational safety goals?

☒ Yes ☐ No

(4) Are goals appropriately categorized?

☒ Yes ☐ No

(5) Are goals realistic?

☒ Yes ☐ No

(6) Are goals consistent with departmental objectives?

☒ Yes ☐ No

(7) Is input from all levels considered before goals are established?

☒ Yes ☐ No

b. Are goals being accomplished?

☒ Yes ☐ No

(1) Accurate reporting on CHP 113?

☒ Yes ☐ No

(2) Are accidents increasing?

☐ Yes ☒ No

(3) Are injuries increasing?

☐ Yes ☒ No

(4) Why are they increasing/decreasing?

(5) Is CHP 113 posted or readily accessible?

☒ Yes ☐ No

(6) Are employees knowledgeable about goals and achievements?

☒ Yes ☐ No

(7) Are employees providing suggestions toward goal attainment?

☒ Yes ☐ No

AREA MANAGEMENT EVALUATION  
Chapter 12  
OCCUPATIONAL SAFETY

2. PARTICIPATION	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>	Corrected <input type="checkbox"/>
a. Commander actively involved in program?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Commander active in injury/illness case management?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) What is the commander's attitude regarding occupational safety? Actively involved through discussions, staff meetings, briefings, training days, occupational safety meetings and one on one.			
(3) Occupational safety issues discussed at staff meetings and training days?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(4) Are safety issues in the meeting minutes?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(5) Commander comments regarding safety issues in performance evaluations?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(6) Does the commander ensure use of appropriate safety equipment?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Are managers/supervisors actively involved in the program?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Are managers/supervisors involved in case management?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Do they have the appropriate attitude?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Are managers monitoring supervisors' progress and efforts to attain goals?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(4) Are supervisors monitoring employees' efforts?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(5) Do managers comment on safety issues in performance evaluations?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(6) Do supervisors comment on safety issues in performance evaluations?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(7) Do managers/supervisors ensure the use of proper safety equipment?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. Are employees actively involved in the Occupational Safety Program?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Are employees involved in their case management?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Are employees knowledgeable about safety goals?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Are they aware of the command's achievements?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(4) Are employees practicing safety while performing their duties?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(5) Are employees reporting unsafe conditions and/or work practices?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(6) Do employees work cooperatively to minimize hazards?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(7) Do employees offer suggestions to improve occupational safety?			<input type="checkbox"/> Yes <input type="checkbox"/> No
(8) Is employees' equipment properly used and maintained?			<input type="checkbox"/> Yes <input type="checkbox"/> No
3. ACCIDENT AND INJURY TRENDS	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>	Corrected <input type="checkbox"/>
a. Commander's method of identifying trends? Staff meetings, review records and related reports.			

AREA MANAGEMENT EVALUATION  
Chapter 12  
OCCUPATIONAL SAFETY

(1) Are accidents and injuries being monitored to identify trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the Occupational Safety Committee reviewing CHP 113, OSHA 200 Log entries, prior meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are personnel in the command aware of current and potential trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. What corrective action has the command taken when a trend has been identified? No trends identified.		
(1) Is commander, the managers, supervisors, actively implementing corrective actions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)</b>	Evaluated <input type="checkbox"/>	Action Required <input checked="" type="checkbox"/>
		Corrected <input type="checkbox"/>
a. What is the composition of the COSC? Commander, 1 sergeant, 2 officers, 1 CVIS and 1 clerical.		
(1) Is there representation from each collective bargaining unit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Management and supervisory representation?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Command Safety Coordinator assigned?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Command Safety Coordinator active and effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are Committee assignments rotated?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC meetings held quarterly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are meetings held more frequently when goals are not being attained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Do all Committee members attend the meetings?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are roles and responsibilities defined in accordance with IIPP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do Committee members understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is an agenda prepared prior to the meeting?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are departmental and Division Occupational Safety meeting minutes readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are these minutes utilized for Area meetings?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are assignments given during Area meetings?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Minutes prepared for the COSC meeting?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Recording secretary appointed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Minutes posted on command's Occupational Safety Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

AREA MANAGEMENT EVALUATION  
Chapter 12  
OCCUPATIONAL SAFETY

(3) Are minutes included in IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Minutes maintained current year, plus three?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5) Minutes forwarded through channels?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Is the COSC effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are COSC recommendations clear, concise and pertinent to the command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) COSC proactive to eliminate potential causes of accidents and injuries?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) COSC disseminate information/training regarding health and safety issues?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all personnel receive current information regarding health and safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are outside agency safety programs utilized as a resource?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Does the command maintain an effective health/safety communications system?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Potential hazards reported on CHP 113B?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are findings of the 113B report disseminated according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>5. DOCUMENTATION</b>	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>
a. STD 261s completed annually and filed in employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254 utilized to request driver's license record check and filed in the employee's field folder?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. OSHA 200 Log utilized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are required injuries and illnesses logged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year Log posted during February?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are CHP 113s compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

AREA MANAGEMENT EVALUATION  
Chapter 12  
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(2) CHP 113s and attachments processed in timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
e. Does the command utilize the CHP 113A?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are semi-annual safety inspections conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Are safety hazards identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Is corrective action taken within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) CHP 113A maintained with IIPP and retained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
f. Are unsafe conditions identified and documented on CHP 113B?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Measures taken to correct situation within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Copy of CHP 113B filed or attached to IIPP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
g. Are the CHP 121 series forms thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Supervisory comments in-depth, clear and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
h. Is CHP 208 form thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Supervisor comments in-depth, clear and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
i. Are injuries and accidents documented on CHP 442?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are CHP 442s current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Safety recognition emblem summary current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
j. Are CHP 712As kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is specific safety training documented on CHP 712?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Copies maintained with IIPP file?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<b>6. INJURY AND ILLNESS PREVENTION PROGRAM</b>	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>	Corrected <input type="checkbox"/>
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Each employee completed CHP 712A?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

AREA MANAGEMENT EVALUATION  
Chapter 12  
OCCUPATIONAL SAFETY

(6) New employees review and complete CHP 712A?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are unsafe conditions identified, investigated, corrected and documented?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is required documentation maintained according to policy?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>7. COMMUNICATION WITH DOSH</b>	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>	Corrected <input type="checkbox"/>
a. Employees aware of procedures regarding DOSH inspections?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Command's documents available for review by DOSH Compliance Officer?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>8. HAZARDOUS SUBSTANCE PROGRAM</b>	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>	Corrected <input type="checkbox"/>
a. Does command have a written Hazardous Substance Program for substances used within that command?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are hazardous substances identified and properly labeled?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Warning signs posted?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Material Safety Data Sheets readily available?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Employees receive training?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Training documented?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Employees informed of their right to applicable medical and exposure information?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>9. HAZARDOUS EXPOSURE CONTROL PROGRAMS</b>	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>	Corrected <input type="checkbox"/>
a. Activities identified within command that may require exposure to hazardous conditions?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Appropriate engineering and/or administrative controls implemented?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Protective equipment provided per bargaining unit agreements?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Employees trained on use and maintenance of equipment?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Training documented?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**COMMENTS** ACTION REQUIRED: Section 4. (c) (4) - Current Area Occupational Safety Minutes were included in the IIPP file. IIPP file presently has the current year minutes, plus the last three.

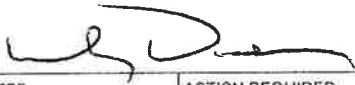
**AREA MANAGEMENT EVALUATION**

**OCCUPATIONAL SAFETY**

HP 453M (Rev. 5-06) OPI 009

AREA Modesto	DIVISION Central	NUMBER 465
EVALUATED BY Sergeant J.M.Mears		DATE 12/09/2008

**INSTRUCTIONS:** Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE 12/31/08	
FOLLOW-UP REQUIRED <input type="checkbox"/> Correction Report		COMMANDER'S REVIEW 	DATE 01.15.09
BY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		EVALUATED YES	ACTION REQUIRED NO
GOALS AND ACCOMPLISHMENTS		CORRECTED	

- a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13? ☒ Yes ☐ No
- (1) Are goals developed in accordance with departmental policy? ☒ Yes ☐ No
- (2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals? ☒ Yes ☐ No
- (3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals? ☒ Yes ☐ No
- (4) Are goals appropriately categorized? ☒ Yes ☐ No
- (5) Are goals realistic? ☒ Yes ☐ No
- (6) Are goals consistent with departmental objectives? ☒ Yes ☐ No
- (7) Is input from all levels considered before goals are established? ☒ Yes ☐ No
- b. Are goals being accomplished? ☒ Yes ☐ No
- (1) Accurate reporting on CHP 113, Accident and Injury Report? ☒ Yes ☐ No
- (2) Are accidents increasing? ☐ Yes ☒ No
- (3) Are injuries increasing? ☐ Yes ☒ No
- (4) Why are they increasing/decreasing? Accidents and injuries appear to be consistent over the past three years and are not increasing or decreasing.

- (5) Is CHP 113, Accident and Injury Report, posted or readily accessible? ☒ Yes ☐ No
- (6) Are employees knowledgeable about goals and achievements? ☒ Yes ☐ No
- (7) Are employees providing suggestions toward goal attainment? ☒ Yes ☐ No

PARTICIPATION		EVALUATED YES	ACTION REQUIRED NO	CORRECTED
Commander actively involved in program?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Commander active in injury/illness case management?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) What is the commander's attitude regarding occupational safety? An area supervisor, a special duty officer and a randomly selected field officer agreed that the Commander is actively involved with the Occupational Safety Program. Additionally, the employees believe the Commander places a high importance on safety in the work place.				



**REA MANAGEMENT EVALUATION****OCCUPATIONAL SAFETY**

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(3) Occupational safety issues discussed at staff meetings and training days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are safety issues in the meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Commander comments regarding safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the commander ensure use of appropriate safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are managers/supervisors actively involved in the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are managers/supervisors involved in case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do they have the appropriate attitude?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are managers monitoring supervisors' progress and efforts to attain goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are supervisors monitoring employees' efforts?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do managers comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do supervisors comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do managers/supervisors ensure the use of proper safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are employees actively involved in the Occupational Safety Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees involved in their case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are employees knowledgeable about safety goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are they aware of the command's achievements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are employees practicing safety while performing their duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are employees reporting unsafe conditions and/or work practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do employees work cooperatively to minimize hazards?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do employees offer suggestions to improve occupational safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is employee equipment properly used and maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**ACCIDENT AND INJURY TRENDS**

EVALUATED

YES

ACTION REQUIRED

NO

CORRECTED

i. Commander's method of identifying trends? The Commander identifies trends by reviewing the CHP 113 and solicits information from the area supervisors.

(1) Are accidents and injuries being monitored to identify trends? ☒ Yes ☐ No

(2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes? ☒ Yes ☐ No

(3) Are personnel in the command aware of current and potential trends? ☒ Yes ☐ No

What corrective action has the command taken when a trend has been identified? The area supervisors evaluate each injury and accident as they occur. Corrective actions which have a defined trend are addressed immediately to prevent further incidents from occurring. Currently the area has had no identifiable trend that needs to be corrected.

## AREA MANAGEMENT EVALUATION

## OCCUPATIONAL SAFETY

HP 453M (Rev. 5-06) OPI 009

(1) Are commanders, managers, and supervisors actively implementing corrective actions?

☒ Yes☐ No

## COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)

EVALUATED

YES

ACTION REQUIRED

NO

CORRECTED

a. What is the composition of the COSC? The Command Occupational Safety Committee is comprised of Captain Duncan as the Chairperson, Sergeant Mahnke as the Area Occupational Safety Coordinator and the four remaining as committee members. The committee has representation from each of the bargaining units.

(1) Is there representation from each collective bargaining unit?

☒ Yes☐ No

(2) Management and supervisory representation?

☒ Yes☐ No

(3) Command Safety Coordinator assigned?

☒ Yes☐ No

(4) Command Safety Coordinator active and effective?

☒ Yes☐ No

(5) Are committee assignments rotated?

☒ Yes☐ No

(6) COSC meetings held quarterly?

☒ Yes☐ No

(7) Are meetings held more frequently when goals are not being attained?

☒ Yes☐ No

(8) Do all committee members attend the meetings?

☒ Yes☐ No

b. Are roles and responsibilities defined in accordance with IIPP?

☒ Yes☐ No

(1) Do committee members understand their roles and responsibilities?

☒ Yes☐ No

(2) Is an agenda prepared prior to the meeting?

☒ Yes☐ No

(3) Are departmental and Division Occupational Safety meetings minutes readily available?

☒ Yes☐ No

(4) Are these minutes utilized for Area meetings?

☒ Yes☐ No

(5) Are assignments given during Area meetings?

☒ Yes☐ No

c. Minutes prepared for the COSC meeting?

☒ Yes☐ No

(1) Recording secretary appointed?

☐ Yes☒ No

(2) Minutes posted on command's Occupational Safety Board?

☒ Yes☐ No

(3) Are minutes included in IIPP file?

☒ Yes☐ No

(4) Minutes maintained current year, plus three?

☒ Yes☐ No

(5) Minutes forwarded through channels?

☒ Yes☐ No

d. Is the COSC effective?

☒ Yes☐ No

(1) Are COSC recommendations clear, concise and pertinent to the command?

☒ Yes☐ No

(2) COSC proactive to eliminate potential causes of accidents and injuries?

☒ Yes☐ No

(3) COSC disseminate current information and training regarding health and safety issues?

☒ Yes☐ No

e. Do all personnel receive current information regarding health and safety?

☒ Yes☐ No

f. Are outside agency safety programs utilized as a resource?

☐ Yes☒ No

g. Does the command maintain an effective health and safety communications system?

☒ Yes☐ No

**REA MANAGEMENT EVALUATION****OCCUPATIONAL SAFETY**

CHP 453M (Rev. 5-06) OPI 009

(1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>DOCUMENTATION</b>	<b>EVALUATED YES</b>	<b>ACTION REQUIRED NO</b>
a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. OSHA 300, Log of Occupational Injury and Illnesses, utilized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are required injuries and illnesses logged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year log posted during February?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are CHP 113s, Accident and Injury Report, compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) CHP 113s and attachments processed in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the command utilize the CHP 113A, Safety Inspection Checklist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are semiannual safety inspections conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are safety hazards identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is corrective action taken within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Measures taken to correct situation within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are the CHP 121 series thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisory comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**AREA MANAGEMENT EVALUATION**  
**OCCUPATIONAL SAFETY**

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(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Safety recognition emblem summary current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copies maintained with IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

INJURY AND ILLNESS PREVENTION PROGRAM	EVALUATED YES	ACTION REQUIRED NO	CORRECTED
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(8) Is required documentation maintained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

COMMUNICATION WITH DOSH	EVALUATED YES	ACTION REQUIRED NO	CORRECTED
a. Employees aware of procedures regarding DOSH inspections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Command's documents readily available for review by DOSH Compliance Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

HAZARDOUS SUBSTANCE PROGRAM	EVALUATED YES	ACTION REQUIRED NO	CORRECTED
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are hazardous substances identified and properly labeled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Warning signs posted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Material Safety Data Sheets readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Employees receive training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

## AREA MANAGEMENT EVALUATION

## OCCUPATIONAL SAFETY

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(5) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) Employees informed of their right to applicable medical and exposure information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
HAZARDOUS EXPOSURE CONTROL PROGRAMS	EVALUATED YES	ACTION REQUIRED NO	CORRECTED
a. Activities identified within command that may require exposure to hazardous conditions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Appropriate engineering and/or administrative controls implemented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Protective equipment provided in accordance with bargaining unit agreements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Employees trained on use and maintenance of equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**AREA MANAGEMENT EVALUATION SUPPLEMENT**  
CHP 454 (Rev. 5-06) OPI 009

SUBJECT: AUDIT - Chapter 12 inspection (Occupational Safety)

DATE: 12/09/2008

SECTIONS	COMMENTS
	Sergeant Mahnke, ID 10201, is the Modesto Area Occupational Safety Coordinator and provided information regarding the Area Occupational Safety Program. Additionally, one special duty and one field officer were polled regarding the area's Occupational Safety Program. The Modesto Area follows HPM 10.6, HPM 10.7 and guidelines set forth in the Injury and Illness Prevention Program (IIPP) to ensure a successful program.
1. Goals and Accomplishments	<p>The Modesto Area has developed reasonable and realistic goals for itself by reviewing the past three years injuries and accidents to establish their goals. The CHP 113 is utilized to track their goals. Currently the area is on track and should not exceed their goal. The area attributes some of their success to the following:</p> <ol style="list-style-type: none"> <li>1. Consistent and diligent attention to the SROVT's at briefings.</li> <li>2. Discussions at area training days regarding work place safety.</li> <li>3. Monthly evaluations promoting occupational safety.</li> <li>4. Supervision and Management's desire to create a safe work place.</li> </ol>
2. Participation	<p>According to Sgt. Mahnke, the Commander is very supportive and active in the Occupational Safety Program. Area supervisors routinely make comments on employee's monthly evaluations regarding safety issues. The commander makes it a point to mention area safety concerns at training days. Area employees said they had little knowledge of the Occupational Safety Program, but after a few minutes of talking with the employees it was apparent they knew the concept of the program and knew more than they realized. Employees have an understanding that it is their responsibility to work safely and when an unsafe condition exists it needs to be addressed immediately. Currently, the area Occupational Safety Coordinator does not attend the Divisions Occupational Safety Committee (DOSC) meetings. The DOSC meetings are attended by another sergeant. The DOSC is informative and should be part of the COSC coordinators responsibilities to attend more regularly.</p>
3. Accidents and Injury Trends Refer to report	Refer to inspection report.
4. Command Occupational Safety Committee (COSC)	<p>The COSC meeting is held regularly each quarter shortly after the Division Occupational Safety Committee meeting. The minutes are prepared by the COSC Coordinator. A copy of the minutes is posted in the briefing room and another copy forwarded to Division. The members of the committee know their roles and responsibilities and the committee appears to be effective. The area office has numerous occupational safety posters through out the office. The posters are easily viewed for all to see.</p>

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5. Documentation	The STD261's (Authorization to use privately owned vehicles on state business) are completed annually at the time of each employees annual evaluation. The area currently has no need to utilize outside agencies as resource. The CHP 113a (Safety Check List) is used semi annually to identify potential hazards. Any discrepancies are resolved within a timely manner. The CHP113 is posted in the briefing room for review. The OSHA300 is kept in an Area's command file available for review. The CHP208 (Accident Prevention Reports) are reviewed through the chain of command for accuracy.
6. Injury and Illness Prevention	The area has a complete IIPP on file and available in the area's publications library. Employees are aware of the purpose of the IIPP and aware of its location. The IIPP contents appear to be up to date and current. Upon the arrival of new employees to the area, part of the orientation process is to have employees familiarize themselves with the IIPP and its location in the area's publications library.
7. Communication with DOSH	Polls of two employees showed that they were aware of the Department of Occupational Safety (DOSH) inspections. They both knew the command's documents were kept in the publications library located in the front office if ever asked by a DOSH compliance officer during an inspection.
8. Hazardous Substance Program	The area currently has a written hazardous substance plan for substances used within the command. The area utilizes a City of Modesto Hazardous Materials Area Response Plan. The City of Modesto requires their forms and documents be utilized to be in compliance with local statute. The Material Safety Data Sheets are readily available in the sergeant's office library.
9. Hazardous Exposure Control Programs	The hazardous exposure control programs are contained in the City of Modesto Hazardous Materials Area Response Plan. The City of Modesto requires their forms and documents be utilized to be in compliance with local statute.
	Overall, the Modesto Area Occupational Safety Program is successful. This is no one thing that can be attributed to this, but Modesto employees have a sense of working safety everyday. The office is clean and well organized, which may play a part in its success. The area has reasonable goals set and is on track to meet them. There appears to be no apparent reason this should change in the near future.

# AREA MANAGEMENT EVALUATION

## OCCUPATIONAL SAFETY

CHP 453M (Rev. 5-06) OPI 009

AREA

480

DIVISION

Central

NUMBER

EVALUATED BY

Sergeant J. R. Alaniz

DATE

8-28-2008

**INSTRUCTIONS:** Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

## TYPE OF EVALUATION

☐ Formal Evaluation☒ Informal Evaluation

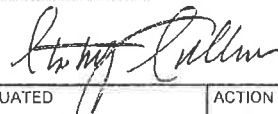
SUSPENSE DATE

## FOLLOW-UP REQUIRED

☐ Yes ☒ No☐ Correction Report

BY

COMMANDER'S REVIEW



DATE

9.4.08

## GOALS AND ACCOMPLISHMENTS

EVALUATED

Sergeant Alaniz

ACTION REQUIRED

CORRECTED

a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13?

☒ Yes ☐ No

(1) Are goals developed in accordance with departmental policy?

☒ Yes ☐ No

(2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals?

☒ Yes ☐ No

(3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals?

☒ Yes ☐ No

(4) Are goals appropriately categorized?

☒ Yes ☐ No

(5) Are goals realistic?

☒ Yes ☐ No

(6) Are goals consistent with departmental objectives?

☒ Yes ☐ No

(7) Is input from all levels considered before goals are established?

☒ Yes ☐ No

b. Are goals being accomplished?

☒ Yes ☐ No

(1) Accurate reporting on CHP 113, Accident and Injury Report?

☒ Yes ☐ No

(2) Are accidents increasing?

☐ Yes ☒ No

(3) Are injuries increasing?

☐ Yes ☒ No

(4) Why are they increasing/decreasing? A review of accidents and injuries for the last three years was conducted. Area had five

accidents in 2006, six accidents in 2007 and three in 2008. The decrease is attributed to the aggressive management by managers

and supervisors and the increased awareness and participation by employees.

(5) Is CHP 113, Accident and Injury Report, posted or readily accessible?

☐ Yes ☒ No

(6) Are employees knowledgeable about goals and achievements?

☒ Yes ☐ No

(7) Are employees providing suggestions toward goal attainment?

☒ Yes ☐ No

## PARTICIPATION

EVALUATED

Sergeant Alaniz

ACTION REQUIRED

CORRECTED

a. Commander actively involved in program?

☒ Yes ☐ No

(1) Commander active in injury/illness case management?

☒ Yes ☐ No

(2) What is the commander's attitude regarding occupational safety? The commander is committed to ensuring employees have the

safest workplace environment available. The commander actively participates and maintains an open line of communication with

the employees.



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(3) Occupational safety issues discussed at staff meetings and training days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are safety issues in the meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Commander comments regarding safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the commander ensure use of appropriate safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are managers/supervisors actively involved in the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are managers/supervisors involved in case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do they have the appropriate attitude?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are managers monitoring supervisors' progress and efforts to attain goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are supervisors monitoring employees' efforts?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do managers comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do supervisors comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do managers/supervisors ensure the use of proper safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are employees actively involved in the Occupational Safety Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees involved in their case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are employees knowledgeable about safety goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are they aware of the command's achievements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are employees practicing safety while performing their duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are employees reporting unsafe conditions and/or work practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do employees work cooperatively to minimize hazards?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do employees offer suggestions to improve occupational safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is employee equipment properly used and maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

ACCIDENT AND INJURY TRENDS	EVALUATED	ACTION REQUIRED	CORRECTED
	Sergeant Alaniz		

a. Commander's method of identifying trends? Area accidents and injury reports have been reviewed for the last three years.

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(1) Are accidents and injuries being monitored to identify trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are personnel in the command aware of current and potential trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

b. What corrective action has the command taken when a trend has been identified? Employees are counseled or reprimanded. Trends are discussed during briefings and training days.

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## AREA MANAGEMENT EVALUATION

## OCCUPATIONAL SAFETY

HP 453M (Rev. 5-06) OPI 009

(1) Are commanders, managers, and supervisors actively implementing corrective actions?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)</b>	EVALUATED Sergeant Alaniz	ACTION REQUIRED	CORRECTED
a. What is the composition of the COSC? The Area COSC is comprised of the area commander, sergeant, patrol and special duty officer, office assistant, and automotive technician.			
(1) Is there representation from each collective bargaining unit?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Management and supervisory representation?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Command Safety Coordinator assigned?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Command Safety Coordinator active and effective?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are committee assignments rotated?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC meetings held quarterly?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are meetings held more frequently when goals are not being attained?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Do all committee members attend the meetings?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are roles and responsibilities defined in accordance with IIPP?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do committee members understand their roles and responsibilities?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is an agenda prepared prior to the meeting?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are departmental and Division Occupational Safety meetings minutes readily available?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are these minutes utilized for Area meetings?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are assignments given during Area meetings?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Minutes prepared for the COSC meeting?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Recording secretary appointed?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Minutes posted on command's Occupational Safety Board?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Are minutes included in IIPP file?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Minutes maintained current year, plus three?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Minutes forwarded through channels?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Is the COSC effective?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are COSC recommendations clear, concise and pertinent to the command?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) COSC proactive to eliminate potential causes of accidents and injuries?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) COSC disseminate current information and training regarding health and safety issues?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all personnel receive current information regarding health and safety?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are outside agency safety programs utilized as a resource?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Does the command maintain an effective health and safety communications system?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

(1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>DOCUMENTATION</b>	<b>EVALUATED</b> Sergeant Alaniz	<b>ACTION REQUIRED</b>
a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. OSHA 300, Log of Occupational Injury and Illnesses, utilized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are required injuries and illnesses logged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year log posted during February?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are CHP 113s, Accident and Injury Report, compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) CHP 113s and attachments processed in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the command utilize the CHP 113A, Safety Inspection Checklist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are semiannual safety inspections conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are safety hazards identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is corrective action taken within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Measures taken to correct situation within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are the CHP 121 series thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisory comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Safety recognition emblem summary current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copies maintained with IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>INJURY AND ILLNESS PREVENTION PROGRAM</b>	<b>EVALUATED</b> Sergeant Alaniz	<b>ACTION REQUIRED</b>
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is required documentation maintained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>COMMUNICATION WITH DOSH</b>	<b>EVALUATED</b> Sergeant Alaniz	<b>ACTION REQUIRED</b>
a. Employees aware of procedures regarding DOSH inspections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Command's documents readily available for review by DOSH Compliance Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>HAZARDOUS SUBSTANCE PROGRAM</b>	<b>EVALUATED</b> Sergeant Alaniz	<b>ACTION REQUIRED</b>
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are hazardous substances identified and properly labeled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Warning signs posted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Material Safety Data Sheets readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Employees receive training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

(5) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Employees informed of their right to applicable medical and exposure information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>HAZARDOUS EXPOSURE CONTROL PROGRAMS</b>	<b>EVALUATED</b> Sergeant Alaniz	<b>ACTION REQUIRED</b>  <b>CORRECTED</b>
a. Activities identified within command that may require exposure to hazardous conditions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Appropriate engineering and/or administrative controls implemented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Protective equipment provided in accordance with bargaining unit agreements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Employees trained on use and maintenance of equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

AREA Coalinga	DIVISION Central	NUMBER 495 (12)
EVALUATED BY R. Brunell, Sergeant		DATE 08/23/2008

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE 09/30/2008	
FOLLOW-UP REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		DATE 09/04/2008	
<input type="checkbox"/> Correction Report BY _____		COMMANDER'S REVIEW D. Knoff, Lieutenant	
EVALUATED Yes		ACTION REQUIRED No	CORRECTED

## 1. GOALS AND ACCOMPLISHMENTS

- a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13? ☒ Yes ☐ No
- (1) Are goals developed in accordance with departmental policy? ☒ Yes ☐ No
- (2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals? ☒ Yes ☐ No
- (3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals? ☒ Yes ☐ No
- (4) Are goals appropriately categorized? ☒ Yes ☐ No
- (5) Are goals realistic? ☒ Yes ☐ No
- (6) Are goals consistent with departmental objectives? ☒ Yes ☐ No
- (7) Is input from all levels considered before goals are established? ☒ Yes ☐ No
- b. Are goals being accomplished? ☒ Yes ☐ No
- (1) Accurate reporting on CHP 113, Accident and Injury Report? ☒ Yes ☐ No
- (2) Are accidents increasing? ☐ Yes ☒ No
- (3) Are injuries increasing? ☐ Yes ☒ No
- (4) Why are they increasing/decreasing? The Area has not experienced a negligible increase or decrease in accidents or injuries within the past several years.
- (5) Is CHP 113, Accident and Injury Report, posted or readily accessible? ☒ Yes ☐ No
- (6) Are employees knowledgeable about goals and achievements? ☒ Yes ☐ No
- (7) Are employees providing suggestions toward goal attainment? ☒ Yes ☐ No

## 2. PARTICIPATION

EVALUATED Yes	ACTION REQUIRED No	CORRECTED
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- a. Commander actively involved in program? ☒ Yes ☐ No
- (1) Commander active in injury/illness case management? ☒ Yes ☐ No
- (2) What is the commander's attitude regarding occupational safety? The Commander displays genuine concern for the safety of all employees assigned to the Command. The Commander has established an atmosphere which promotes safe work attitudes, practices, and procedures.

(3) Occupational safety issues discussed at staff meetings and training days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are safety issues in the meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Commander comments regarding safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the commander ensure use of appropriate safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are managers/supervisors actively involved in the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are managers/supervisors involved in case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do they have the appropriate attitude?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are managers monitoring supervisors' progress and efforts to attain goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are supervisors monitoring employees' efforts?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do managers comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do supervisors comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do managers/supervisors ensure the use of proper safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are employees actively involved in the Occupational Safety Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees involved in their case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are employees knowledgeable about safety goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are they aware of the command's achievements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are employees practicing safety while performing their duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are employees reporting unsafe conditions and/or work practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do employees work cooperatively to minimize hazards?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do employees offer suggestions to improve occupational safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is employee equipment properly used and maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

<b>3. ACCIDENT AND INJURY TRENDS</b>	EVALUATED	ACTION REQUIRED	CORRECTED
	Yes	No	
a. Commander's method of identifying trends? The Commander participates in timely communication with Area supervisors regarding accidents and injuries. The Commander reviews required accident and injury documentation, such as CHP 113's, Std. 270's, CHP 208's, CHP 121's, etc. Area trends are discussed during Command Occupational Safety Committee meetings and Staff Meetings.			
(1) Are accidents and injuries being monitored to identify trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Are personnel in the command aware of current and potential trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. What corrective action has the command taken when a trend has been identified? Spring 2008: Area identified a pattern of officers not consistently reporting patrol vehicle damage. The problem was clearly identified during briefings and training days to set expectations. All personnel were re-instructed on procedures for reporting damage. Supervisors monitor the issue and hold the officers accountable.			

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(1) Are commanders, managers, and supervisors actively implementing corrective actions?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)</b>	EVALUATED Yes	ACTION REQUIRED No	CORRECTED	
a. What is the composition of the COSC? Lieutenant Knoff, Sergeant Vander Mel, Officer Perry, Office Services Supervisor Courtney, and Auto Technician Taylor. Sergeant Vander Mel is the Command Safety Coordinator.				
(1) Is there representation from each collective bargaining unit?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Management and supervisory representation?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Command Safety Coordinator assigned?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Command Safety Coordinator active and effective?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are committee assignments rotated?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC meetings held quarterly?			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(7) Are meetings held more frequently when goals are not being attained?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Do all committee members attend the meetings?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are roles and responsibilities defined in accordance with IIPP?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do committee members understand their roles and responsibilities?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is an agenda prepared prior to the meeting?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are departmental and Division Occupational Safety meetings minutes readily available?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are these minutes utilized for Area meetings?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are assignments given during Area meetings?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Minutes prepared for the COSC meeting?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Recording secretary appointed?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Minutes posted on command's Occupational Safety Board?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are minutes included in IIPP file?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Minutes maintained current year, plus three?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Minutes forwarded through channels?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Is the COSC effective?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are COSC recommendations clear, concise and pertinent to the command?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) COSC proactive to eliminate potential causes of accidents and injuries?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) COSC disseminate current information and training regarding health and safety issues?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all personnel receive current information regarding health and safety?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are outside agency safety programs utilized as a resource?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Does the command maintain an effective health and safety communications system?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No



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(1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>5. DOCUMENTATION</b>	<b>EVALUATED</b> Yes	<b>ACTION REQUIRED</b> Yes
a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. OSHA 300, Log of Occupational Injury and Illnesses, utilized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are required injuries and illnesses logged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year log posted during February?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are CHP 113s, Accident and Injury Report, compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) CHP 113s and attachments processed in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the command utilize the CHP 113A, Safety Inspection Checklist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are semiannual safety inspections conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are safety hazards identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is corrective action taken within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Measures taken to correct situation within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are the CHP 121 series thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisory comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(2) Safety recognition emblem summary current?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Copies maintained with IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>6. INJURY AND ILLNESS PREVENTION PROGRAM</b>	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(8) Is required documentation maintained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>7. COMMUNICATION WITH DOSH</b>	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Employees aware of procedures regarding DOSH inspections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Command's documents readily available for review by DOSH Compliance Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>8. HAZARDOUS SUBSTANCE PROGRAM</b>	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are hazardous substances identified and properly labeled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Warning signs posted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Material Safety Data Sheets readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Employees receive training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

(5) Training documented?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Employees informed of their right to applicable medical and exposure information?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>9. HAZARDOUS EXPOSURE CONTROL PROGRAMS</b>	EVALUATED Yes	ACTION REQUIRED No	CORRECTED	
a. Activities identified within command that may require exposure to hazardous conditions?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Appropriate engineering and/or administrative controls implemented?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Protective equipment provided in accordance with bargaining unit agreements?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Employees trained on use and maintenance of equipment?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Training documented?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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DATE: 8/23/2008

[illegible]